



Redding Rancheria Head Start and Child Care Policies

Policies & Procedures Manual

2024

**Redding Rancheria Head Start and
Policies and Procedures**

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Redding Rancheria Head Start and Policies and Procedures

Policies On Your Drive 2017

by the Center for Community Futures

<http://www.cencomfut.com>

Introduction

Congratulations on the decision to use *Policies On Your Drive* in your Head Start/Early Head Start program!!! Now you have an excellent tool to work out policies and procedures for your program that meet/exceed all of the Performance Standards (Final Rule published September 6, 2016) and other Federal regulations as revised and updated.

The draft policies and procedures included in *Policies On Your Drive 2017* (POD2017.doc) come from various sources and should be considered Drafts for the regular policy development, modification and approval process in your program or agency. The appropriate staff members, content area managers, Head Start Director, Program Manager, Policy Council, and/or Committees will need to review and edit all of the drafts before Policy Council and Governing body approval is sought.

- In order to maximize the usefulness of POD2017, each policy and procedure should be carefully reviewed and edited, including all occurrences of <bracketed text>.
 - Many of the draft policies herein have Forms associated with them. Since it is unlikely that your program's Form names are the same as the ones in POD2017, we have formatted them consistently like this:
<Form:*Name of Form*>
so that you can easily search-and-replace them with the correct form titles that your program uses.
- Some policies have italicized text to indicate the content is not drawn from the regulations but is suggested as good policy content.
- Included is a "Routing Sheet for Draft Policies and Procedures." This can be attached to any draft policy. Just fill in the top section and circulate it with the policy to the appropriate parties.
- Keep the full Policy IDs intact. They are hyperlinked, bookmarked, and indexed. If you have to change a Policy ID, check to make sure all occurrences of its references are updated as well.
- These policies are written for Head Start and Early Head Start Grantee and program levels.
- Not all of the draft policies in POD2017 will apply to your program. For example, the Early Head Start policies (1500-1536, (PGW), (EHS), and (EARL) apply only to Early Head Start programs. It is recommended that you either appropriately modify the policies that do not apply to your program, or that you consistently note that they do not apply to your program. For this example, search for all occurrences of "Early Head Start" throughout the document to change or delete inapplicable ones.
- Citations to the 45 CFR number of the regulations are consistently formatted without parentheses or other characters so that you can locate them quickly and easily with your word processing search tool. For example, the regulation citation **1301.2 (b) (1)** has been formatted to **1304.2 b 1**. **Additionally, all new Final Rule performance standard references of September 6, 2016 appear in green color font.**
- POD2017 includes policies that were written under the formerly published Performance Standards. Some of these have a minus sign preceding the Policy ID. While the new rules do not specifically require these policies and procedures to be in place, we think you will find them useful, applicable, and fundamental for effective program operations. **All such "old but good policies" have regulation references in italicized red font. These Policy IDs are shorter in length numerically than the ones taken from the Final Rule of 09/2016.** See below for key.

**Redding Rancheria Head Start and
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- All of the draft policies in POD2017 each have a unique Policy ID following this framework:

	Policy ID +	##### +	+ (Program Area Abbreviation)	+ Policy Title/Subject
Example:	Policy ID	50000	(PG) for Program Governance	Governing Body Composition

So for the above example, the full policy reference is "Policy ID 50000 (PG) Governing Body Composition"

- Use the Microsoft Word / View / Navigation Pane option to see at a glance all of the policy headings.

Policy ID Key

Abbreviation:	Area:	Policy based on regulations:	Policy ID Starts at
PG	Program Governance	Current	50000
GOV	Program Governance	Former	502
ERSEA	Eligibility, Recruitment, Selection, Enrollment and Attendance	Current	20000
ERSEA	Eligibility, Recruitment, Selection, Enrollment and Attendance	Former	201
PS	Determining Program Structure	Current	30000
ECD	Education and Child Development Program Services	Current	40001
EECD	Education and Early Childhood Development	Former	4000
HPS	Health Program Services	Current	60001
HS	Health and Safety	Former	60003A
HPS-NU	Health Program Services-Child Nutrition	Current	60005
* HPS-MH	Health Program Services-Child Mental Health and Social and Emotional Well-Being	Current; without preceding asterisk, mixed	61000
HPS-FSS	Health Program Services-Family Support Services	Current	62000
HPS-SP	Health Program Services-Safety Practices	Current	63000
HPS-AD	Health Program Services- Administrative Safety Procedures	Current	64000
~		Former have preceding tilde	64003A
HS	Health and Safety	Former	300A
FCE	Family and Community Program Services	Current	70000
PFCE	Parent, Family and Community Engagement	Former	7000A
DS	Additional Services for Children with Disabilities	Current	72000
TNS	Transitions	Current	77000
PW	Services to Enrolled Pregnant Women	Current	80000
PWS	Services for Pregnant Women	Former	1507
EHS	Early Head Start	Former	1500
EARL	Early Head Start	Former	1518
HR/PP	Human Resources Management <i>and</i> Personnel Policies	Current	90000
HR/PP	Human Resources and Personnel Policies	Recommended	900A
PMQI	Program Management and Quality Improvement	Current	10000

**Redding Rancheria Head Start and
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Abbreviation:	Area:	Policy based on regulations:	Policy ID Starts at
PDM	Program Design and Management	Former	11111
MSP	Management Systems and Procedures	Former	800
FR	Financial Requirements	Current	13033
AR	Administrative Requirements	Current	130310
PCR	Protection for the Privacy of Child Records	Current	130320
DEL	Delegation of Program Operations	Current	130330
FAC	Facilities	Current	130341
FC	Facilities, Materials, and Equipment	Former	600
TR	Transportation	Current	130370
TRP	Transportation	Former	1400
FAP1	Federal Administrative Procedures: Monitoring, Suspension, Termination, Denial of Refunding, Reduction in Funding and Their Appeals	Current	13042
DR	Designation Renewal	Current	130411
SGC	Selection of Grantees Through Competition	Current	130420
FEL	Fellows Program	Current	130440

We recommend consistency and full policy reference throughout.

- Because the Policy references are hyperlinked and/or bookmarked, changing the Policy ID would result in broken hyperlinks and bookmarks...so don't change one without changing all other references to it.
- Every policy and procedure, including the performance objectives operational procedures, MUST be reviewed, modified as needed and approved in your program.

Required Policies

The following is a list of policies and procedures that the regulations specifically require your program to have in place. All other policies in POD2017 are Highly Recommended.

Final Rule 09/16	Policy subject:	Related Policies in POD2017:
1301.6 a	written procedures for resolving internal disputes between the governing board and policy council	Policy ID 50012 (PG) Impasse Procedures
1302.12 i 1 ii 1302.12 i 3 iii	program safety and privacy policies for eligibility	Protections for the Privacy of Child Records (PCR) policies; and ERSEA policies
1302.12 d 1 i 1302.12 d 2 ii	outreach and enrollment policies and procedures	Policy ID 20003 (ERSEA) Recruitment of Children ; and Policy ID 20003a (ERSEA) Recruitment of Children Plan and Policy ID 20005 (ERSEA) Enrollment of Children and Policy ID 75001 (DS) Recruitment and Enrollment of Children with Disabilities
1302.12 d 2 iv	Policies, procedures, and selection criteria used to serve eligible children	Policy ID 20002 (ERSEA) Determining, Verifying and Documenting Eligibility ; and Policy ID 20004 (ERSEA) Selection of Children
1302.12 h	Verification of child's age for eligibility	Policy ID 20002 (ERSEA) Determining, Verifying and Documenting Eligibility ; and Policy ID 201 (ERSEA) Eligibility Verification - Head Start

**Redding Rancheria Head Start and
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Final Rule 09/16	Policy subject:	Related Policies in POD2017:
		Application
1302.12 l 1302.12 m 1 iii	Program policies and procedures on violating eligibility determination regulations.	Policy ID 50011 (PG) Program Governance Training
1302.13	policies on how often training will be provided after the initial eligibility training	
1302.34 b	Implementation of policies to ensure:	Policy ID 40004 (ECD) Parent and Family Engagement in Education and Child Development Services
1302.34 b 1	The program's settings are open to parents during all program hours;	
1302.34 b 2	Teachers regularly communicate with parents ...	
1302.34 b 3	Teachers hold parent conferences...	
1302.34 b 4	Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;	
1302.34 b 5	Parents and family members have opportunities to volunteer in the class and during group activities;	
1302.34 b 6	Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child's progress;	
1302.34 b 7 1302.34 b 8	Teachers....conduct home visits	
1302.41 b 2	policies for health emergencies	Policy ID 64001 (HPS-AD) Emergency Preparedness Planning; and Policy ID 303 (HS) Medical, Dental and General Emergencies; and Policy ID 304 (HS) Health Emergency Procedures)
1302.45 b 6	Policies to limit suspension, prohibit expulsion	Policy ID 20007 (ERSEA) Suspension and Expulsion of Children
1302.47 a	Safety policies and practices	Safety Practices
1302.47 b	policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety.	Various
1302.47 b 7 iii	inclusion and exclusion policies for when a child is ill/contagious disease	Policy ID 64003 (HPS-AD) Protection from Contagious Disease/Communicable Disease; and Policy ID 64003B (HS) AIDS/HIV Infection Policy and Acknowledgement; and Policy ID 64004 (HPS-AD) Sick Child Exclusion Policy
1302.90 a 1302.90 c 2	personnel policies and procedures, including those for violation of standards of conduct	Human Resources Management/Personnel Policies
1302.90 c 1 iv	confidentiality policies concerning personally identifiable information	Policy ID 130320 (PCR) Protections for the Privacy of Child Records
1302.92 c 5	policies that ensure assessment results are not used to solely determine punitive actions for staff	Policy ID 92000 (HR/PP) Training and Professional Development

Redding Rancheria Head Start and Policies and Procedures

Definitions of terms used throughout POD2017

- *Classroom Teaching staff* includes Classroom Teachers, Teacher Aides, Teacher Assistants, and Teaching staff substitutes.
- *Parent* means “a Head Start/Early Head Start child’s mother or father, other family member who is a primary caregiver, foster parent, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree”¹ unless otherwise specified herein.
- “Program” or “the Program” refers to Head Start and Early Head Start locations, options, services, and staff as well as the over-arching idea of Head Start/Early Head Start as implemented.
- *Program staff* means employees of Head Start/Early Head Start including all program options; it includes line staff such as Clerks, Family Service Workers, Home School Educators, Home Visitors, Receptionists, Secretaries, Teachers, Teacher Aides, etc. “Program staff” typically refers to staff who have Managers or are supervised.
- *Program Management* means employees of Head Start/Early Head Start including all program options who provide direction and/or supervise Program staff.

¹ From 45 CFR Part 1306.3 h

**Redding Rancheria Head Start and
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Job Titles Used in POD2017

This draft Policies and Procedures Manual includes more than 50 different job titles, which will not match all of the job positions in your program. Therefore, by means of consistent formatting, we have made it easy for you to search and replace the following titles with comparable ones in your program:

Draft Job Titles	Correct Job Title
<Grantee Fiscal Department>	Fiscal Department
<JobTitle:Administrative Assistant>	Administrative Assistant
<JobTitle:Clerical staff>	Administrative Assistant
<JobTitle:Content Area Coordinator>	--
<JobTitle:Cook>	Food Service Vendor/Food Service Worker
<JobTitle:Data Intake Administrator>	Administrative Assistant
<JobTitle: Data Entry staff>	Administrative Assistant
<JobTitle: Disabilities staff>	Health and Disabilities Coordinator
<JobTitle: Education Supervisor>	Mentor Teacher
<JobTitle: Education Support Manager>	Mentor Teacher
<JobTitle: Electronic Data Processor>	--
<JobTitle: ERSEA staff>	ERSEA Staff
<JobTitle: Executive Director>	Program Manager
<JobTitle: Facilities staff>	Facilities Staff
<JobTitle:Family Service Supervisors>	Food Service Vendor/Food Service Worker
<JobTitle:Family Service Worker>	Parent and Community Partnership Coordinator
<JobTitle:Fiscal Office>	Fiscal Department
<JobTitle:Fiscal staff>	Fiscal Staff
<JobTitle:Grantee Admissions Manager>	Program Manager
<JobTitle:Grantee Admissions team>	Program Manager
<JobTitle:Grantee Education Coordinator>	Mentor Teacher
<JobTitle:Grantee ERSEA Coordinator>	Program Manager
<JobTitle:Grantee Facilities Manager>	Public Works Director
<JobTitle:Grantee Health Coordinator>	Health and Disabilities Coordinator
<JobTitle:Grantee Health Support Manager>	Health and Disabilities Coordinator
<JobTitle:Grantee Lead Quality Monitor>	
<JobTitle:Grantee Mental Health and Disabilities Coordinator>	Health and Disabilities Coordinator
<JobTitle:Grantee Planning and Data Manager>	Program Manager
<JobTitle:Grantee Planning and Data team>	
<JobTitle:Grantee Projects Officer>	
<JobTitle:Grantee Quality and Data Coordinator>	
<JobTitle:Grantee Quality Assurance Coordinator>	
<JobTitle:Grantee Quality Assurance Monitors>	
<JobTitle:Grantee Recruitment and Community Education Specialist>	
<JobTitle:Grantee Registered Dietitian>	
<JobTitle:Grantee Services Manager>	
<JobTitle:Grantee Staff Development Coordinator>*	Program Manager
<JobTitle:Grantee Staff Development team>	
<JobTitle: Head Start/Early Head Start Director>	Program Manager

**Redding Rancheria Head Start and
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Draft Job Titles	Correct Job Title
<JobTitle: Health and Nutrition Coordinator>	Health and Disabilities Coordinator
<JobTitle: Health and Nutrition staff>	
<JobTitle: Health Specialist>	
<JobTitle: Hiring Manager>	Program Manager
<JobTitle: Home School Educator>	
<JobTitle: Home Visitor>	
<Job Title: Human Resources Director>	
<JobTitle: Human Resources team>	
<JobTitle: Infant and Toddler Caregivers>	
<JobTitle: Kitchen staff>	
<JobTitle: Mental Health Specialist>	
<JobTitle: Mental Health staff>	
<JobTitle: PFCE Coordinator>	
<JobTitle:Planning and Data Coordinator>	
<JobTitle:Principal>	
<JobTitle:Procurement Coordinator>	
<JobTitle:Program and Curriculum Administrator>	
<JobTitle:Program Health staff>	
<JobTitle:Program staff>	
<JobTitle:Purchasing Manager>	
<JobTitle:Recruitment and Enrollment staff>	
<JobTitle:School Administrator>	
<JobTitle:School Secretary>	
<JobTitle: Site Manager>	
<JobTitle: Transportation staff>	
<Payroll section of the Fiscal Office>	
Bus Driver	Bus Driver
Bus Monitor <JobTitle:Bus Monitors>	Bus Monitor
Classroom Teaching staff	
Program <JobTitle:Staff Development Coordinator> *	
Supervisors	Program Manager
Teachers	Teachers

* * *

**Redding Rancheria Head Start and
Policies and Procedures**

Routing Slip for Draft Policies/Procedures

Policy ID:	Regulation Reference:
Draft #:	Date:

Approval Required?	Date Sent	Required Signatures:	Date Approved:	Notes:
Yes No		Governing Body		
Yes No		Program Manager		
Yes No		Head Start Director		
Yes No		Early Head Start Director		
Yes No		Disabilities		
Yes No		Education and Child Development		
Yes No		ERSEA		
Yes No		Facilities		
Yes No		Family and Community Partnerships		
Yes No		Fiscal		
Yes No		Health and Safety		
Yes No		Health Services Advisory Committee		
Yes No		Human Resources/Personnel		
Yes No		Local/County Counsel		

**Redding Rancheria Head Start and
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Approval Required?	Date Sent	Required Signatures:	Date Approved:	Notes:
Yes No		Mental Health		
Yes No		Nutrition		
Yes No		Parent Committee		
Yes No		Policy Committee		
Yes No		Policy Council		
Yes No		Policy Council _____Committee		
Yes No		Policy Council _____Committee		
Yes No		Policy Council _____Committee		
Yes No		Policy Council _____Committee		
Yes No		Social Services		
Yes No		Transportation		
Yes No				
Yes No				
Yes No				
Yes No				

~

1301 Subpart B - Program Governance (PG)

**Redding Rancheria Head Start and
Policies and Procedures**

Policy ID 50000 (PG) Governing Body Composition

Related Regulations:	1301.2 a, Act 642 c 1 B, 642 c 1 D		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Governing body roster		
Forms:			
Former Policies	TP8-0205 (PG14) Expertise Available to Tribal Council		

Performance Objective: The governing body has legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs.

1.0 Governing Body Composition

1.1 The composition of a governing body is in accordance with the requirements of Act 642 c 1 B, except where specific exceptions are authorized in the case of public entities at Act 642 c 1 D:

As an **elected governmental body**, for the purposes of overseeing the Head Start and Child Care Program, the Tribal Council shall ensure the following expertise shall be available to the Tribal Council:

- a) An employee or consultant having a background and expertise in fiscal management or accounting.
- b) An employee or consultant having a background and expertise in early childhood education and development.
- c) An employee or consultant who is a licensed attorney familiar with issues that come before the governing body.

The CEO shall review this policy each year and shall make such recommendations, if any, for its amendment as appropriate for the effective administration hereof.

**Redding Rancheria Head Start and
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Policy ID 50001 (PG) Governing Body Conflict of Interest

Related Regulations:	1301.2 a, Act 642 c 1 C		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Other Policies	Also see TP1-100 Tribal Code of Ethics		

Performance Objective: The governing body has legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs.

1.0 No Conflict of Interest

1.1 The agency ensures members of the governing body do not have a conflict of interest, pursuant to section 642(c)(1)(C) of the Act:

- a) Members of the governing body shall not have a financial conflict of interest with the Head Start agency (including any delegate agency).
- b) Members of the governing body shall not receive compensation for serving on the governing body or for providing services to the Head Start agency.
- c) Members of the governing body shall not be employed, nor shall members of their immediate family be employed, by the Head Start agency (including any delegate agency).
- d) Members of the governing body operate as an entity independent of staff employed by the Head Start agency.

Exception - If an individual holds a position as a result of public election or political appointment, and such position carries with it a concurrent appointment to serve as a member of the Head Start agency governing body, and such individual has any conflict of interest (Act 642 c 1 C),

- a) such individual shall not be prohibited from serving on such body and the Head Start agency shall report such conflict to the Secretary of HHS; and
- b) if the position held as a result of public election or political appointment provides compensation, such individual shall not be prohibited from receiving such compensation.
- c) see TP1-100 Tribal Code of Ethics

**Redding Rancheria Head Start and
Policies and Procedures**

Policy ID 50002 (PG) Governing Body Duties and Responsibilities

Related Regulations:	1301.2 b 1, Act 642 d 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies	TP8-0221 (PG07) Tribal Council Responsibilities Pertaining to Head Start ; TP8-0202 Head Start Teacher Qualification as per Head Start Act 2007 ; Education HTP8-0204 (PG13) Approval of Annual Report; TP8-0211 (EL04) Selection Process ; TP8-0213 (MG03) Program planning- Approval of Short and Long Term Goals, ; TP8-0216 (MG09) Program Self-Assessment and Monitoring ; TP8-0217 (MG13) Budget Development and Ongoing Financial Monitoring ; TP8-0226 (MG11) Head Start Budget Planning; TP4-950 Grants Administration ; TP8-0214 (MG05) Communication Plan between Head Start and Governing Body ; TP8-0215 (MG08) Reporting Systems ; TP8-0223 (PP01) Head Start Personnel Policies and Work Rules ; TP8-0224 (PP07) Decision to Hire or Terminate the Head Start Director ; TP1-800 Human Resource Management ; Redding Rancheria Employee Handbook ; TP8-0218 (PG01) Head Star Committee Structure ; TP8-0219 (PG02) Head Start Policy Council By-Laws ; TP8-0208 (AD01) Annual Audit of Head Start Programs		
Other Policies:	See also: TP1-800 Human Resource Management; TP4-950 Grants Management		

Performance Objective: The governing body has legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs.

1.0 Duties and Responsibilities

1.1 The governing body shall:

- a) have legal and fiscal responsibility for administering and overseeing programs, including the safeguarding of Federal funds.
- b) adopt practices that assure active, independent, and informed governance of the Head Start agency (including impanse procedures, internal dispute resolution, and facilitation of meaningful consultation and collaboration about policy council and governing body decisions) (see Act 642 d 1), and fully participate in the development, planning, and evaluation of the Head Start programs involved.
- c) be responsible for ensuring compliance with Federal laws (including regulations) and applicable State, tribal, and local laws (including regulations).
- d) be responsible for other activities, including:
 - i) selecting delegate agencies and the service areas for such agencies,
 - ii) establishing procedures and criteria for recruitment, selection, and enrollment of children,
 - iii) reviewing all applications for funding and amendments to applications for funding for programs,
 - iv) establishing procedures and guidelines for accessing and collecting information; the agency ensures the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including:

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- A) monthly financial statements, including credit card expenditures;
 - B) monthly program information summaries;
 - C) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
 - D) monthly reports of meals and snacks provided through programs of the Department of Agriculture;
 - E) the financial audit;
 - F) the annual self-assessment, including any findings related to such assessment;
 - G) the community-wide strategic planning and needs assessment of the Head Start agency, including any applicable updates;
 - H) communication and guidance from the Secretary of HSS; and
 - I) the program information reports.
- v) reviewing and approving all major policies of the agency, including
- A) the annual self-assessment and financial audit,
 - B) the agency's progress in carrying out the programmatic and fiscal provisions in the agency's grant application, including implementation of corrective actions, and
 - C) personnel policies of the agency regarding the hiring, evaluation, termination, and compensation of agency employees;
- vi) developing procedures for how members of the policy council are selected (see Act 642 c 2 B),
- vii) approving financial management, accounting, and reporting policies, and compliance with laws and regulations related to financial statements, including the—
- A) approval of all major financial expenditures of the agency,
 - B) annual approval of the operating budget of the agency,
 - C) selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who shall report all critical accounting policies and practices to the governing body, and
 - D) monitoring of the agency's actions to correct any audit findings and of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices
- viii) reviewing results from monitoring (see Act 641A c) including appropriate follow-up activities.
- ix) approving personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Program Manager, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the agency,
- x) establishing, adopting, and periodically updating written standards of conduct that establish standards and formal procedures for disclosing, addressing, and resolving:

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A) any conflict of interest, and any appearance of a conflict of interest, by members of the governing body, officers and employees of the Head Start agency, and consultants and agents who provide services or furnish goods to the Head Start agency; and

B) complaints, including investigations, when appropriate

xi) to the extent practicable and appropriate, at the discretion of the governing body, establishing advisory committees to oversee key responsibilities related to program governance and improvement of the Head Start program involved.

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Policy ID 50003 (PG) Governing Body Use of Data

Related Regulations:	1301.2 b 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	TP8-0213 (MG03)Head Start Program Planning ; TP8-0216 (MG09)Head Start Plan for Program Self-Assessment, Monitoring ; TP8-0215 (MG08)Head Start Reporting Systems		

Performance Objective: The governing body has legal and fiscal responsibility to administer and oversee the agency’s Head Start and Early Head Start programs.

1.0 Governing Body Use of Data

1.1 The governing body uses ongoing monitoring results, data on school readiness goals, other information described in §1302.102 (listed below), and information described at section 642(d)(2) of the Act to conduct its responsibilities. This includes:

- a) Establishing program goals that include:
 - i) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in the community assessment
 - ii) Goals for the provision of educational, health, nutritional, and family and community engagement program services
 - iii) School readiness goals
 - iv) Effective health and safety practices
- b) Monitoring program performance
- c) Ongoing assessment of program goals
- d) Using data for continuous improvement:
 - i) The program implements a process for using data to identify program strengths and needs, develops and implements plans that address program needs, and continually evaluates compliance with program performance standards and progress towards achieving program goals (see 1302.102 a, [Policy ID 10102 \(PMQI\) Achieving Program Goals](#))

1.2 See [Policy ID 50002 \(PG\) Governing Body Duties and Responsibilities](#) for the list of responsibilities from Act 642 d 2.

2.0 Reporting

- a) The program submits status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually.

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Policy ID 50004 (PG) Governing Body Advisory Committees

Related Regulations:	1301.2 c		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As needed		
Evaluation:	Governing body meeting minutes		
Forms:			
Other Policies:	See also: TP3-000 Advisory Committee Authorization and Organization		

Performance Objective: The governing body has legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs.

1.0 Governing Body Advisory Committees

1.1 The governing body may establish advisory committees as it deems necessary for effective governance and improvement of the program.

a) If the governing body establishes an advisory committee to oversee key responsibilities related to program governance, it:

i) Establishes the structure, communication, and oversight in such a way that the governing body continues to maintain its legal and fiscal responsibility for the Head Start agency; and,

ii) Notifies the responsible HHS official of its intent to establish such an advisory committee.

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Policy ID 50005 (PG) Policy Council and Policy Committee Establishment

Related Regulations:	1301.3 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As early in program year as possible		
Evaluation:	PC rosters		
Forms:			
Former Policies:	TP8-0218 (PG01) Head Start Committee Structure ; TP8-0219 (PG02) Head Start Policy Council By-Laws		

Performance Objective: The agency establishes and maintains a policy council responsible for the direction of the Head Start program at the agency level, and a policy committee at the delegate level.

1.0 Policy Council and Policy Committee Establishment

- 1.1 When the agency delegates operational responsibility for the entire Head Start or Early Head Start program to one delegate agency, the policy council and policy committee may be the same body.
- 1.2 All Policy Councils, Policy Committees, and Parent Committees are established as early in the program year as possible.
- 1.3 The Grantee Policy Council and program Policy Committees are not dissolved until successor Policy Council or Committees are elected and seated.
- 1.4 The Governing body and the Policy Council or Policy Committee do not have identical memberships and functions.

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Policy ID 50006 (PG) Policy Council and Policy Committee Composition

Related Regulations:	1301.3 b 1-2; Act 642 c 2 B, Act 642 c 2 B i, Act 642 c 2 B ii		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As early in the program year as possible		
Evaluation:	PC rosters		
Forms:			
Former Policies	TP8-0218 Head Start Committee Structure (PG01) ; TP8-0219 (PG02)Head Start Policy Council By-Laws		

Performance Objective: The program establishes a policy council in accordance with section 642(c)(2)(B) of the Act, or a policy committee at the delegate level in accordance with section 642(c)(3) of the Act, as early in the program year as possible.

1.0 Policy Council and Policy Committee Composition

- 1.1 The policy council is elected by the parents of children who are currently enrolled in the Head Start program of the Head Start agency. (Act 642 c 2 B i)
- 1.2 In accordance with Act 642 c 2 B ii, the policy council is composed of:
 - a) parents of children who are currently enrolled in the Head Start program of the Head Start agency (including any delegate agency), who constitute a majority of the members of the policy council; and
 - b) members at large of the community served by the Head Start agency (including any delegate agency), who may include parents of children who were formerly enrolled in the Head Start program of the agency.
- 1.3 Parents of children currently enrolled in each program option are proportionately represented on the policy council and on the policy committee at the delegate level.
- 1.4 The program ensures members of the policy council, and of the policy committee at the delegate level, do not have a conflict of interest with the Head Start agency (including any delegate agency).
 - a) Staff do not serve on the policy council or policy committee at the delegate level except parents who occasionally substitute as staff.
 - b) Members of the policy council do not receive compensation for serving on the policy council or for providing services to the Head Start agency. (Head Start Act 642 c 2 C)

2.0 Policy Group Composition (1304.50 a 1-5; 1304.50 b 1-7)

- 2.1 *Policy Councils and Policy Committees are comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51% of the members of these policy groups are the parents of currently enrolled children (see 1306.3 h for a definition of a Head Start parent).*
- 2.2 *Community representatives are drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including, for example the parents of formerly enrolled children.*

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2.3 All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be elected annually.

2.4 Policy Councils and Policy Committees must limit the number of one-year terms any individual may serve on either body to a combined total of three terms.

2.5 No Grantee or program staff or members of their immediate families may serve on Policy Councils or Policy Committees.

2.6 Program options must be proportionately represented on established policy groups.

3.0 Policy Groups: Selection and How Members Are Chosen (1304.50 a 1-5; 1304.50 b 1-7)

3.1 The procedures by which policy group members are chosen include:

a) Members are elected annually at the center committee level to serve on the Policy Council or Policy Committee.

b) The Policy Committee elects a parent representative to serve on the Policy Council.

c) The Program Manager, staff, and parents identify a few people in various professional areas of expertise, based on the needs and goals of the Policy Council, and submit the names of the people identified, along with their areas of expertise, to the Program Manager for final selection and submission to Policy Council for voting.

4.0 Election of Community Representatives for Policy Council (1304.50 b 1-3)

4.1 The Program Manager designee performs outreach to the community to solicit interest in Policy Council participation and membership.

4.2 Interested parties are asked to complete the Council Community Representative Nomination Form.

4.3 Parents elect the Community Representatives

4.4 The elected Community Representatives join the Council with equal rights and responsibilities.

4.5 The elected Community Representatives attend the Policy Council orientation and share briefly with the group their expertise and background.

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Policy ID 502 (GOV) PC Program Governance

Related Regulations:	1304.50 a 1-5; 1304.50 b 1-7; 1304.50 g 1-2		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Meeting minutes, sign-in sheets		
Forms:			
Former Policies:	TP8-0218 (PG01) Head Start Committee Structure ; TP8-0219 (PG02)Head Start Policy Council By-Laws		

Performance Objective: This policy defines, at a minimum, the committee structure of the Redding Rancheria Head Start. Every Head Start Program must have parent participation in the process of making decisions about the nature and operation of the Head Start Program.

1.0 Policy Council (Grantee)

1.1 The Grantee Policy Council holds its monthly meeting monthly as determined by current Policy Council with the support of the Program Manager and/ or designated staff.

2.2 The Grantee Policy Council is elected as soon as possible in the program year, usually in October or November.

a) The Program Manager communicates the election results to applicable parties within 7 days of the vote.

b) A typical PC composition shall strive to include:

- i) One parent from each classroom
- ii) Six parents from currently enrolled families;
- iii) Three parent alternates (vote only if needed to reach quorum)
- iii) Three community representatives elected by parents and approved by the Parent Policy Council
- iv) and One Tribal Council Liaison (non-voting)

2.3 As soon as possible after election, the newly established Policy Council

a) shall elect Officers.

b) The Policy Council submits election results for Tribal Council approval.

2.4 The Policy Council may elects members to standing committees and ad hoc committees.

2.5 The Policy Council may vote to invite others to participate in the meeting/s.

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Policy ID 512 (GOV) Policy Committee, Policy Council, Center Committee Meeting Minutes

Related Regulations:	1304.50 d 1 v; 1301.33, 1304.51 b, 1304.51 d, 1304.52 g		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Monthly		
Evaluation:	PC Meeting minutes		
Forms:			
Former Policies:	TP8-0218 (PG01)Head Start Committee Structure ; TP8-0219 Head Start Policy Council By-Laws		

Performance Objective: The Policy Council and the Policy Committee meet monthly to conduct program level activities and must file the meeting minutes.

1.0 Policy Committee Minutes

1.1 The Redding Rancheria Head Start Policy Council minutes should include, but is not limited to the following:

- a) Name of the Head Start Center
- b) Date and time of meeting
- c) List of names of members present:
 - i) Parents
 - ii) Staff
 - iii) Guests
- d) Name of Policy Committee Secretary who reports the minutes
- e) Training conducted, if any
- f) Program Business conducted
- g) Program budget report
- h) Tribal Council Liaison Report
- i) Review of all required reports
- j) All motions, who made the motion, who seconded the motion, and if the motion passed or failed.

1.2 The Program Manager ensures that the Policy Committee meeting minutes and accompanying packet shall be placed in the program’s record keeping system.

1.3 A copy of the monthly Policy Committee Minutes shall be forwarded to Tribal Council in the monthly department report.

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Policy ID 50007 (PG) Policy Council and Policy Committee Duties and Responsibilities

Related Regulations:	1301.3 c 1-2; Act 642 c 2 D		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	PC meeting minutes		
Forms:			
Former Policies:	TP8-0221 (PG01) Tribal Council Responsibilities Pertaining to Head Start ; TP8-0202 (HR10) Head Start Teacher Qualification as per Head Start Act 2007 ; Education HTP8-0204(PG13) Approval of Annual Audit ; TP8-0211 (EL04) Selection Process ; TP8-0213 (MG03)Program planning- Approval of Short and Long Term Goals, ; TP8-0216 (MG09) Program Self-Assessment and Monitoring ; TP8-0217(MG13) Budget Development and Ongoing Financial Monitoring ; TP8-0226 (MG11) Head Start Budget Planning ; TP4-950 Grants Administration ; TP8-0214 (MG05) Communication Plan between Head Start and Governing Body ; TP8-0215 (MG08)Reporting Systems ; TP8-0223 (PP01) Head Start Personnel Policies and Work Rules ; TP8-0224 (PP07) Decision to Hire or Terminate the Head Start Director ; TP1-800 Human Resource Management ; Redding Rancheria Employee Handbook ; TP8-0218 (PG01)Head Start Committee Structure ; TP8-0219 (PG02) Head Start Policy Council By-Laws		

Performance Objective: The Policy Council and Policy Committee fulfill duties and responsibilities in accordance with the regulations/Head Start Act.

1.0 Policy Council Responsibilities

1.1 The Policy Council is responsible for approving and submitting to the governing body decisions about:

- a) Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs. (Act 642 c 2 D i)
- b) Program recruitment, selection, and enrollment priorities. (Act 642 c 2 D ii)
- c) Applications for funding and amendments to applications for funding for programs, prior to submission of applications. (Act 642 c 2 D iii)
- d) Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities (Act 642 c 2 D iv)
- e) Bylaws for the operation of the policy council. (Act 642 c 2 D v)
- f) Program personnel policies and decisions regarding:
 - i) the employment of program staff, regarding the hiring, evaluation, compensation, and termination of the Program Manager, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the agency, including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff. (Act 642 c 1 E iv IX and Act 642 c 2 D vi; 1304.50 d 1 x)

A) Staff Changes. The Head Start Program Manager or their delegate presents to the Policy Council information regarding potential staff changes.

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B) Decisions to Hire Staff

1) The Policy Council approves the hiring process for the program level based on their personnel policies and procedures.

C) Decisions to Terminate Staff

1) The Policy Council approves the process for termination of staff at the program level based on their personnel policies and procedures.

1.2 Policy Council meeting minutes show when it approved and submitted these decisions to the program's governing body.

2.0 Policy Council and Policy Committee Use of Information

2.1 The policy council use the following information to conduct responsibilities:

- a) ongoing monitoring results,
- b) data on school readiness goals,
- c) other information described in §1302.102 (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)) which includes:
 - i) Establishing program goals that include:
 - A) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in the community assessment;
 - B) Goals for the provision of educational, health, nutritional, and family and community engagement program services;
 - C) School readiness goals;
 - D) Effective health and safety practices
 - ii) Monitoring program performance
 - iii) Ongoing assessment of program goals
 - iv) Using data for continuous improvement:
 - A) The program implements a process for using data to identify program strengths and needs, develops and implements plans that address program needs, and continually evaluates compliance with program performance standards and progress towards achieving program goals (see 1302.102 a and see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)).

3.0 Reporting

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- 3.1 The program submits *in a timely manner* status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually, which include the information described in section 642(d)(2)(A-I) of the Act, which includes:
- a) monthly financial statements, including credit card expenditures;
 - b) monthly program information summaries;
 - c) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
 - d) monthly reports of meals and snacks provided through programs of the Department of Agriculture;
 - e) the financial audit;
 - f) the annual self-assessment, including any findings related to such assessment;
 - g) the community-wide strategic planning and needs assessment of the Head Start agency, including any applicable updates;
 - h) communication and guidance from the Secretary of HHS; and
 - i) the program information reports.

3.2 *When PC members have questions about reports, the Program Manager shall answer them.*

3.3 By-Laws

SECTION 1: PURPOSE

This policy defines the composition, formation and rules of operation of the Head Start Policy Council. The Redding Rancheria Tribal Council establishes the Head Start Policy Council under authority of Part V of the Redding Rancheria Governing Policies, to assist the Tribal Council and the Head Start Staff regarding the development and operation of the Head Start program. The Head Start Policy Council will act on behalf of the Tribal Council as the primary community oversight body for the Head Start program, serving as a liaison between the program and the community, providing community input to the program and advising the community about the program services and responsibilities. The Head Start Policy Council will work in partnership with the tribal Chief Executive Officer and the Head Start Director, to create long and short term program plans, provide recommendations on policies and procedures for the ongoing operation and success of the program, and advise and recommend program priorities to the Tribal Council.

SECTION 2: BACKGROUND AND INTENT

The Redding Rancheria Tribal Council is committed to the development of its people and is determined to make every effort to provide continuous learning opportunities for members, beginning at the earliest ages, and lasting throughout an individual's lifetime. The Tribal Council recognizes the benefits early childhood development services can have on the lifelong growth of its members. In 1995, the Tribal Council established the Redding Rancheria Head Start program to provide the highest quality early childhood development opportunities for tribal children, and to place the Tribe in a position to direct the early development of its children.

The Tribal Council supports the goals of the Head Start program defined by the Advisory Committee on Services for Families, and is committed to quality services to children, prevention, proactive child health development, promoting positive relationships, building parent involvement, respect for languages and cultures,

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responsiveness to the strengths of children, families and communities, and collaboration with programs to support the development of children.

Consistent with these goals, the Tribe has developed operating policies to encourage the involvement of the community, and particularly, the involvement of Head Start parents to act as an arm of the Tribal Council in an advisory and oversight role to the program. To provide coordination with CFR, Title 45, Subpart D, Section 1304.50 (a) (1) (i), and Part V of the Redding Rancheria Governmental Management Policies, these Operating Policies are designed to provide guidance to the Head Start Policy Council in their advisory and oversight responsibilities of the Head Start Program.

SECTION 3: DEFINITIONS (Reserved)

SECTION 4: DELEGATED AUTHORITY (Reserved)

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES (Reserved)

SECTION 6: SELECTION OF MEMBERS

At the beginning of each school year, the Head Start Director will provide a notification to each parent and define the process for nomination and election of Policy Council members for the upcoming school year. Nomination will be sought from existing members of the Head Start Parent Committee, and from all enrolled parents. An election shall be held by written ballot. Those parents receiving the highest votes are elected.

The notification will include the following:

- (a) The criteria for candidate eligibility,
- (b) The process and schedule for nomination of candidates,
- (c) The process and schedule for voting for candidates, and
- (d) The proposed date the new Policy Council will assume responsibilities.

Community representatives for the Policy Council will be nominated by parents, staff and Tribal Council and also elected by parents. The Tribal Council ratifies the election of both parent and community representative at its earliest meeting following the election.

SECTION 7: MEMBERSHIP AND TERMS OF OFFICE

The Policy Council shall be composed of nine voting members who are elected by the parent body and approved by the Tribal Council. Six members shall be parents of children currently enrolled, who shall be nominated and elected by the Head Start parent community. There shall be three Community representatives who should be familiar with the resources and services of the program and may include parents of formerly enrolled children. Additionally, there must be one Tribal Council person serving as a liaison on the Policy Committee; the Tribal Council representative is a non-voting member. There may be up to three (3) parent alternates who have voting privileges only in the absence of another voting member.

SECTION 8: ELIGIBILITY

The Policy Council must be comprised of at least 51 percent parents of currently enrolled children and not to exceed 49 percent Community Representatives. No agency staff directly related to or who directly impact Head Start are eligible. (Substitutes and classroom volunteers are exempt.) Only one family member may serve on the Policy Council at any given time. The Policy Council may invite any number of non-voting members as it wishes; they may work on committees and be included in discussions, but have no nominating or decision making authority.

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Appointment for all Head Start Policy Council members will be made annually, provided that, individual members must limit their service to a combined total of three terms. The annual term runs October to September.

SECTION 9: REMOVAL

It is essential that the Policy Council be able to remove a member if necessary in order that business may continue to be conducted. The removal of a Policy Council member will follow the sense of the Tribal Governing Policies:

- (a) Any member of the Policy Council may present an accusation to the Policy Council in writing alleging that a particular Council member violated, neglected or over-stepped their role as Policy Council member. The accusation must occur during the member's term.
- (b) The Policy Council shall hear the matter in open session at the next regular meeting, but not longer than 30 days.
- (c) The party accusing the Council member shall present evidence and witnesses to support the accusation.
- (d) The Council may conduct an independent investigation and enter evidence if appropriate.
- (e) The accused shall have the right to confront witnesses and challenge evidence.
- (f) The Policy Council shall render its determination in writing in a timely manner, which must be approved by at least five of those Policy Council members voting. (The accused shall not vote in this determination.)
- (g) If the Policy Council determines that the accused member has neglected, violated or surpassed their role, they shall be removed from the Policy Council and their vacancy immediately filled.
- (h) Should the terminated member decide to appeal, he or she may do so by notifying the Policy Council chairperson in writing and by contacting the Tribal Council chairperson within five working days. Their case shall be heard at the next available Tribal Council meeting. The decision of the Tribal Council shall be final.

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SECTION 10: SELECTION OF OFFICERS

The principal officers for the Head Start Policy Council shall be a Chairperson, Vice-Chairperson, and Secretary/Treasurer. The Head Start Policy Council may select their officers, provided they are elected by a majority vote of the Head Start Policy Council members with a quorum present. After the selection of officers, the Policy Council will submit the list of members and officers for approval by the Tribal Council.

SECTION 11: DUTIES OF OFFICERS

The duties of each of the Head Start Policy Council officers shall be consistent with the responsibilities and authorities outlined in Section 10 of this policy.

- (a) Policy Council Chair shall:
 - (1) Issue notices of meetings.
 - (2) Preside at all Head Start Policy Council meetings.
 - (3) Present reports to the Tribal Council and tribal community.
 - (4) Serve as official representative and spokesperson for the Policy Council.
 - (5) Coordinate planning between the Head Start Policy Council and the Head Start Program.
 - (6) Serve as the primary liaison between the Head Start Policy Council, the Head director, the Tribal Council and the community.
 - (7) Maintain cordial relationships between the community, the program and the Tribal Council.

- (b) Policy Council Vice-Chairperson shall:
 - (1) Support the duties of the chairperson.
 - (2) Serve as chairperson in the chairperson's absence.

- (c) Policy Council Secretary / Treasurer shall:
 - (1) Support the duties of the chairperson.
 - (2) Serve as chairperson in the chairperson's absence.
 - (3) Notify all members of meeting schedules.
 - (4) Provide for a written record of all meeting minutes.
 - (5) Support the duties of the chairperson and vice chairperson.
 - (6) Coordinate and review program financial information with the tribal CFO.
 - (7) Provide for reports to the Head Start Policy Council on financial status of the program and the Head Start Policy Council.

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SECTION 12: MEETINGS

Meetings of the Head Start Policy Council may be conducted once each month, but not less than four times each year, at a time and location determined by the Head Start Policy Council Chairperson. All meetings shall be open to the tribal and parent community, provided that, meetings may be closed when the Head Start Policy Council is discussing confidential material.

All meetings require seven days' notice except emergency meetings. Such notice shall be delivered to each Head Start Policy Council member and shall be posted in a conspicuous place at all tribal offices and Head Start. Notices shall include date, time, place and agenda for the meeting.

Emergency meetings require twenty-four hours' notice by telephone, and may be called by the Chairperson or by any five members of the Council. The notice shall include the names of those members requesting the emergency meeting and the nature of the emergency. No business shall be transacted at any such emergency meeting except as specified in the notice.

SECTION 13: QUORUM

To conduct business, a simple majority of voting members constitute a quorum. A simple majority of voting members shall constitute a majority for the purpose of passing a motion at a meeting.

When a quorum is not present, those present may conduct the meeting, with the use of absentee ballots from those not present to secure a quorum. A majority vote of five of the nine voting members is required to pass a motion using absentee ballots. The minutes shall reflect the use of absentee ballots.

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SECTION 14: RESPONSIBILITIES AND AUTHORITY

The Head Start Policy Council shall work in partnership with the Head Start director, the Chief Executive Officer or his/her designee, and the Tribal Council to establish the short and long term goals of the program and provide advice and recommendations for program policies and procedures to ensure a quality Head Start program. These responsibilities include approval or disapproval of the process for any Head Start personnel hiring or termination, review and recommendation of the Head Start funding application, procedures for shared decision making, criteria and geographical area for recruitment, annual selection and enrollment priorities, participating in the annual program self-assessment, participating in the program and community needs assessment and review of follow up actions and recommendations that may result from an annual audit or a federal monitoring visit.

The Head Start Policy Council will advise the tribal Chief Executive Officer or his/her designee on recommended improvements in tribal personnel policies regarding standards of conduct for Head Start program staff, consultants and volunteers, and including recruitment, retention, and development of staff.

The Head Start Policy Council will serve as the Tribal Council's link to parents and the community, assist parents in understanding their rights and responsibilities, encourage parent participation in the program, assist program staff in coordination of parent activities, assist in volunteer recruitment and the mobilization of community resources to support the program, and maintain communication with the Head Start Director, Chief Executive Officer or his/her designee and the Tribal Council to resolve community complaints about the program.

SECTION 15: VACANCIES

Any vacancy shall be filled by appointment by the Head Start Policy Council chairperson for the duration of the unexpired term, subject to approval by Tribal Council. Vacancies shall occur when a Head Start Policy Council member resigns for any reason, or is removed based on Tribal Governing Policy.

SECTION 16: CONFLICT OF INTEREST

Members of the Head Start Policy Council may vote on matters regarding the general operation, policies, funding and others issues of the Head Start program, provided that, no Head Start Policy Council member shall vote on any action being taken by the Head Start Policy Council which directly involves the member's child or a member of his or her immediate family. A Head Start Policy Council member may participate in the discussion and count toward the quorum requirements regarding action taken by the Head Start Policy Council which involves a member of his or her immediate family. For purposes of this provision, "immediate family" is defined as father, mother, sister, brother, daughter, son, spouse or spouse equivalent or any other person living in the Head Start Policy Council member's household.

SECTION 17: TRAVEL AND OTHER REIMBURSEMENTS

Reasonable reimbursement for expenses can be made to Policy Council members for expenses associated with attendance at meetings or training.

Head Start Policy Council travel and reimbursement shall follow the sense of the tribal fiscal management policies. In summary, all travel shall be requested and approved by the Policy Council and signed off by the Program Manager in advance. Any receipts and/or mileage records must be submitted for reimbursement within 30 days. Additionally, Policy Council members may be reimbursed for reasonable meeting expenses such as mileage to and from meetings and trainings or child care. Members requesting reimbursement for meeting expenses must likewise submit a request in advance.

SECTION 18: FINANCIAL ACCOUNTABILITY

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The Head Start Program Design Manager must document and sign off on all financial transactions including but not limited to requests, purchases and travel vouchers; and make regular financial reports to the Policy Council. The Chairperson and the Treasurer shall be primarily responsible for ensuring the financial accountability of the Head Start Policy Council funds and will report in writing any discrepancies to the Education Director and the CFO.

All financial transactions will be approved by the Policy Council at a duly called meeting. Authorized transactions can only be executed by the Program Design Manager as directed by the Policy Council.

Any monetary amounts raised through fund raising or donations will be delivered to the Tribal Finance Department for deposit in a separate tribal account assigned to the Policy Council. Use of these funds is solely at the Policy Council's discretion, and shall be allocated only after approval at a duly called meeting. The Chairperson and the Treasurer shall be primarily responsible for managing this account.

Head Start Policy council funds, budgets and travel shall be administered pursuant to the Tribal Fiscal Management policies adopted by the tribal council. In summary:

- (a) Tribal Council must approve the overall fiscal management policy of the Head Start program.
- (b) Tribal Council must approve all program plans and budgets.
- (c) Tribal Executive Management must approve all contracts that Head Start might enter into.
- (d) Tribal Council must approve all Grants.
- (e) Tribal Council must approve any borrowing and/or financing arrangements.
- (f) Tribal Executive management designates the Department Director as manager for the Head Start budget(s); the Department Director may further allocate that responsibility to the Program Design Manager.
- (g) The budget manager is responsible to prepare and present information related to each budget at tribal meetings and to be available at such meetings to answer questions.
- (h) The manager who is responsible for preparing budgets shall be responsible for maintaining information related to changes made to proposed, recommended and approved budgets during the review process and for future reference.

SECTION 19: REPORTING

The Head Start Program Manager shall prepare a monthly department report for Tribal Council which includes program highlights and a monthly financial statement.

The chairperson of the Head Start Policy Council will report to the Tribal Council at its request, on highlights and activities of the Head Start Policy Council and policy matters affecting the Head Start program.

SECTION 20: SEVERABILITY

If a court of competent jurisdiction finds any provision of this policy to be invalid or illegal under applicable tribal and/or federal law, such provision shall be severed from this policy and the remainder of this policy shall remain in full force and effect.

SECTION 21: REVIEW

**Redding Rancheria Head Start and
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The Chairperson of the Head Start Policy Council, in coordination with the Head Start program director and the tribal Chief Executive Officer, will review this policy at least once each year and make recommendations for improvement or changes to the Policy Council. When approved by the Policy Council, these amendments would be forwarded to the Tribal Council for their approval.

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Policy ID 50008 (PG) Policy Council and Policy Committee Term of Service

Related Regulations:	1301.3 d 1-4		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	PC rosters		
Forms:			
Former Policies:	TP8-0219 (PG02)Head Start Policy Council By-Laws		

Performance Objective: Members of Policy Council serve for a specified period of time.

1.0 Policy Council Term

1.1 A Policy Council member serves for one year.

a) If the member intends to serve for another year, s/he must stand for re-election.

1.2 The policy council include in the bylaws how many one-year terms, not to exceed five terms, a person may serve.

1.3 The program seats a successor policy council before an existing policy council may be dissolved.

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Policy ID 50009 (PG) Policy Council and Policy Committee Reimbursement

Related Regulations:	1301.3 e		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As applicable		
Evaluation:			
Forms:	Business Travel Expenses Request; Request for reimbursement		
Former Policies:	TP8-0219 (PG02)Head Start Policy Council By-Laws ; PG06 Committee Reimbursement		

Performance Objective: The program enables low-income members to participate fully in policy council or policy committee responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred.

1.0 Policy Council Reimbursement for Reasonable Expenses

- 1.1 In accordance with Head Start regulations, each program provides reasonable reimbursement for childcare expenses incurred because of parents’ need to attend Policy Council meetings, Policy Council Committee meetings, Program Self-Assessment Work Sessions, Interviews for Head Start Employment Openings, Parent Conferences, Education and Health Advisory Work Sessions, and various other approved out-of-town trainings and meetings.
- 1.2 Parents submit a Request for Reimbursement form and submit to Program Manager or Administrative Assistant.
- 1.3 Program Manager reviews requests for reimbursements and submits it to the finance department for final approval.

2.0 Travel Advance

- 2.1 If travel is out of town, the Program Manager generates a Business Travel Request Form to cover hotel, per diem and other anticipated costs associated with the trip.
- 2.2 The finance department issues to parents the checks for these expenses.
- 2.3 For pre-approved parent travel, parents must submit a completed Business Travel Request Form to Head Start Program Manager within 5 days of the conclusion of the trip.
- 2.4 Program Manager reviews requests for approval of the expense voucher and submit it to the finance department for final approval.

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Policy ID 50010 (PG) Parent Committees

Related Regulations:	1301.4		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Established as early in program year as possible		
Evaluation:	Parent Committee roster, meeting minutes		
Forms:			
Former Policies:	TP8-0218 Policy Council, Education Committee, and Parent Committee Structure; PG05 Parent Committee		

Performance Objective: The program establishes parent committees at the center level.

1.0 Establishing Parent Committees

- 1.1 The program establishes a parent committee comprised exclusively of parents of currently enrolled children as early in the program year as possible. All parents are automatically considered members of the Parent Committee. The Parent Committee shall hold meetings and parents decide on topics to be discussed. In addition, parents may add any item to the agenda for discussion.
- 1.2 The parent committee is established at the center level for center-based programs and at the local program level for other program options.
- 1.3 The program ensures that parents of currently enrolled children understand the process for elections to the policy council and other leadership opportunities.

2.0 Requirements of Parent Committees

- 2.1 Within the parent committee structure, the program may determine the best methods to engage families using strategies that are most effective in the community, as long as the parent committee carries out the following minimum responsibilities:
 - a) Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families;
 - b) Have a process for communication with the policy council ; and
 - c) Within the guidelines established by the governing body, policy council, participate in the recruitment and screening of Head Start employees.
 - d) *Participate in and review summary of annual parent survey.*

3.0 Parent Committee (1304.50 a 1-5; 1304.50 b 1-7)

- 3.1 *Parent Committee meetings and held at least monthly with the support of program staff.*
 - a) *Parents are encouraged to attend Parent Committee meetings.*
- 3.2 *Only current parents who have a child enrolled in the Center, are eligible to participate in the Parent Committee.*

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3.3 Parent committee officers are elected during the Parent Committee meetings held in October or November of each program year.

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Policy ID 50011 (PG) Program Governance Training

Related Regulations:	1301.5; 1302.12 m		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As needed		
Evaluation:	<Training plans, agendas, meeting minutes, guidance documentation>		
Forms:			
Former Policies:	TP8-0230 (MG15) Head Start Leadership Capacity Screening and Training Plan ; PG03 Program Governance Training Plan		

Performance Objective: The agency provides appropriate training for program governance.

1.0 Program Governance Training

1.1 To ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency, the agency provides appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council.

a) This includes training on program performance standards and:

i) Training on eligibility, which:

A) Includes methods on how to collect complete and accurate eligibility information from families and third party sources;

B) Incorporates strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,

C) Explains program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.

b) The program trains all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.

i) After the initial training, the program provides training as the need arises.

1.2 Training plans, agendas, meeting minutes, guidance documentation, and other materials show the dates and topics of training received by governing body and other program governance members.

2.0 Policy Council Governance Training (1304.52 k 4)

2.1 The following items are included in Policy Council orientation training:

a) Mission Statement and Organizational Chart

b) Head Start Mission, Vision, and Core Values

c) Governance Plan and Governance Chart

d) Questionnaire: Why Be a Committee/Council Representative or Alternate?

e) Parliamentary Procedures (Roberts Rules of Order)

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f) Policy Council By-Laws

g) Policy Council Meeting Schedule

h) Head Start staff directory

i) Head Start Performance Standards and Other Regulations

j) Other items as applicable such as notes, Policy Council Monthly Mailing, and Announcements.

**Redding Rancheria Head Start and
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Policy ID 50012 (PG) Impasse Procedures

Related Regulations:	1301.6		
Revised by:	Diane Coe, Program Manager	Revision Date:	4/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	As applicable		
Evaluation:			
Forms:			
Former Policies:	TP8-0203 (PG08) Head Start Shared Decision Making, Dispute Resolution and Impasse Policy		

Performance Objective: To facilitate meaningful consultation and collaboration about decisions of the governing body and the policy council, the agency’s governing body and policy council jointly establish these written procedures for resolving internal disputes between the governing board and policy council in a timely manner that include impasse procedures.

**TP8-0203
SECTION 1: PURPOSE**

The purpose of this policy is to set forth a process for resolving internal policy disputes within the Head Start Program and between the Policy Council and the Tribal Council; and to create a process for resolving policy impasses between the Head Start Policy Council and the Tribal Council that complies with 45 CFR 1304.50 and where the authority exercised by the Policy Council was properly delegated to it by the Tribal Council.

This Policy does not apply to any conflict or grievance of an employee of the Redding Rancheria or its Head Start Program. The process for resolving employee complaints and grievances is set for in Redding Rancheria Government Policy TP 1-0800.

This Policy does not apply to complaints about the operation of the program from community members or staff members. All such complaints shall be handled through regular chain-of-command procedures of the Redding Rancheria.

SECTION 2: DEFINITIONS

For the purpose of this policy the following words and phrases shall be defined as follows:

1. Tribe- The Redding Rancheria, a federally recognized Indian Tribe
2. Tribal Council- is the tribal council of the Redding Rancheria, the duly authorized governing body for the Redding Rancheria.
3. Head Start Policy Council- is that board which is made up of elected Head Start parents and community representatives and chartered by the Redding Rancheria Tribal Council pursuant to Article 5, Section 1 (h) of the Redding Rancheria Constitution and which has been delegated responsibility with program oversight and participates in shared decision making as set forth herein and at Rancheria Government Policy TP 3-300.
4. Chief Executive Officer- is the highest ranking administrative officer for the Redding Rancheria tribal government
5. Head Start- Redding Rancheria Head Start Program
6. Shared Decision making – is the administrative practice allowing the Policy Council to have input in all decisions affecting the operation of the Head Start Program and to participate by exercising,

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with the Tribal Council, the authority to approve or disapprove decisions related to any of those items listed in Section 4 of this Policy.

7. Internal Dispute- are disputes which may arise between the Tribal Council and the Policy Council and involve specific policy or management matters in which the Policy Council has been delegated shared decision making duties.
8. Impasse-are Internal disputes which are not resolved after initial efforts and require a more formalized negotiation process to reach resolution.

SECTION 3: BACKGROUND AND INTENT

A. Background

The Federal Government authorized and funded Head Start programs, including the Redding Rancheria Head Start to promote school readiness of low income children.

The Redding Rancheria is the Grantee and Governing Body for the Redding Rancheria Head Start. The Tribal Council, in recognizing the importance of parental involvement in their children's education, developed and adopted TP 3-300. TP 3-300 authorizes the establishment of the Head Start Policy Council and sets forth the "terms and arrangements" for its operation. Section 6 of TP 3-300 states the purpose and scope of the Policy Council as the "primary community oversight body for the Head Start Program, serving as a liaison between the program and the community, providing community input to the program and advising the community about the programs services and responsibilities". The Policy Council, pursuant to TP 3-300, may also make policy decisions that guide the program in accordance with federal Head Start regulation and share responsibility, along with Tribal Council and staff for overseeing the delivery of high quality of service to children and families.

The United States Department of Health and Human Services distributes a manual in which it offers guidance for the compliance Head Start Regulations including with 45 CFR 1304.50 (g) (1) & (2). In that guidance HHS states that it is the Governing Body's responsibility to ensure compliance with Federal, state, tribal and local laws and regulations.

The Redding Rancheria Constitution, Article V, permits the Tribal Council to charter subordinate boards and delegate to such board any of its powers, as they did when the adopted TP 3-300, provided that it reserves for itself the right to review any action taken by virtue of such delegated power.

All administrative authority to carry out the day-to-day operation of the Head Start Program, which has not been delegated to the Head Start Policy Council through adoption of this policy and TP 3-300, is has been delegated to the Tribe's Chief Executive Officer.

B. Intent

1. The intent of this Policy is to ensure shared decision making, where applicable, through implementation of an equitable and expedient process for resolving internal policy disputes that arise between the Policy Council and the Tribal Council while ensuring a continuation of high quality service; and
2. To create a policy for resolving an impasse, when the Tribal Council and the Policy Council cannot agree on a policy issue through shared decision making on any of the matters listed in Section 4 (A) below. Provided that this section shall not be construed to create limitations upon the Tribal Council's constitutional duty to review the actions of all chartered boards, organizations and committees.

SECTION 4: SHARED DECISION MAKING AND INTERNAL DISPUTE RESOLUTION PROCEDURE

Redding Rancheria Head Start and Policies and Procedures

A. The following are matters that will be resolved through shared decision making between Tribal Council and Policy Council:

1. Procedures for program planning
2. The program's philosophy and short and long range program goals and objectives
3. The selection of delegate agencies
4. The criteria for defining recruitment, selection and enrollment priorities
5. All funding applications and amendments
6. Policy Council, Parent committee reimbursements to enable low-income members to participate in group responsibilities
7. Annual self assessments
8. The composition of the Policy Council and the procedures by which they are chosen
9. Written policies defining the roles and responsibilities of the governing body
10. Procedures describing how the Tribal Council and the Policy Council will implement shared decision-making
11. Internal dispute resolution policy and procedures
12. Community complaint policy and procedures
13. Program personnel policies and subsequent changes, including standards of conduct for Head Start program staff and volunteers
14. Decisions to hire or terminate the Head Start program director. Provided that the Policy Council limits its authority to disapprove hiring and termination to a procedural review and will not withhold its approval if existing Head Start and Redding Rancheria policy was properly followed.
15. Decisions to hire or terminate any person who works primarily for the Head Start program Provided that the Policy Council limits its authority to disapprove hiring and termination to a procedural review and will not withhold its approval if existing Head Start and Redding Rancheria policy was properly followed.

B. Dispute Resolution and Impasse

1. If Tribal Council and the Policy Council fail to reach an agreement on those items listed about in Section 3 (a) both parties agree to work to find an agreement so that the proposal or proposed action can be either adopted or rejected.
2. If after meeting and consultation the Tribal Council and Policy Council and Head Start Program Manager cannot reach an agreement then the Tribes CEO and Chair of the Policy Council and Head Start Program Manager will meet and attempt to negotiate a resolution satisfactory to both parties.
3. If an agreement is still not reached then an Impasse is declared and the parties will have 30 days to agree upon an unbiased mediator to assist in the negotiation.
4. The third-party mediator will have the authority to hear both sides of the dispute, gather any necessary and relevant information, and make a recommendation for resolution of the impasses.
5. The purpose of this policy is to create a process through which agreement is reached. Therefore, the CEO and Policy Council Chairperson and Head Start Program Manager will continue to meet and negotiate with the intention of reaching a mutually agreeable resolution. The mediator is not required for negotiations, subsequent to those contemplated in subsection b.(4) of this section, but either party may invite the mediator into any negotiation upon a good faith belief that it will advance a resolution to the impasses.
6. Because the objective of this policy is to lead to an agreement, no action or decision, subject to Shared Decision Making shall be considered approved or disapproved until an agreement of the parties has been achieved.

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SECTION 8: SOVEREIGN IMMUNITY

Nothing contained within this Policy shall be construed as a waiver of the sovereign immunity of the Redding Rancheria, the Redding Rancheria Head Start and Child Care Center, or any officer, agent or employee thereof, to a suit brought for damages or any other relief in any court.

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Policy ID 517 (GOV) Grievance Procedures

Related Regulations:	1304.50 d 2 v		
Revised by:	Diane Coe, Program Manager	Revision Date:	4/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing/As needed		
Evaluation:	Submitted grievance; meeting minutes		
Forms:			
Former Policies:	TP8-0222 (PG09) Head Start and Child Care Community Complaint/ Grievance Policy		

Performance Objective: The Grantee implements these procedures for managing grievances.

TP8-0222

SECTION 1: PURPOSE

The purpose of this Policy is to establish a policy to swiftly hear and resolve complaints from residents of the Rancheria, persons directly affected by the operation of the Head Start Program, and parent/guardians of an enrolled student at the Redding Rancheria Head Start and Child Care Center.

This policy is intended to provide recourse to parties wishing to make a complaint regarding the operation, policy or procedures of the Redding Rancheria Head Start and Child Care Center. This policy will not be used to address complaints about employees or volunteers of the Program. Complaints regarding employee or volunteer conduct are not governed by this policy and should be made in writing to the Senior Director of Human Resources, who will follow the Tribe's existing personnel policies and procedures for Corrective Action.

SECTION 2: BACKGROUND AND INTENT

The grievance procedure is a problem-solving mechanism in which every attempt is made to resolve issues at the lowest level of authority, with the least possible amount of program disturbance. A grievance is a written complaint alleging that Head Start or Child Care Regulations, Department Policies and Procedures (if applicable), and/or Center Agency policies and procedures:

- a) were not followed;
- b) were administered in a discriminatory (unequal) fashion; or
- c) were administered in an arbitrary and capricious (unfair) fashion.

SECTION 3: PROTOCOL

The following protocol will be used for the written grievance procedure:

- a) Information is submitted in writing, signed and dated;
- b) No anonymous complaints will be accepted or considered;
- c) Supporting information may be submitted;
- d) The content of all meetings are kept confidential.
- e) Efforts are made to keep the grievance local, involving as few people as possible.
- f) Grievances alleging criminal acts or immediate danger to children are dealt with immediately by program officials, parents, and other authorities as appropriate. Provided that nothing in this policy shall be construed as an alternative to referring allegations of criminal conduct to local law enforcement.

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SECTION 4: ADDITIONAL PROTOCOL

- a) Before a grievance is filed by a parent or community member, direct discussion between the person(s) whom the complaint involves is encouraged. All parties involved should note the date and time of the informal discussions.
- b) Failing resolution at that level, the person with the complaint must attempt to resolve problems or concerns at the center level with the Head Start and Child Care Program Manager. More than one meeting with the Program Manager must occur prior to the issue becoming a grievance.
- c) If the complaint is not resolved, or if no action occurs within 10 working days, the complaint shall be presented in writing to the Policy Council, who will review the matter and Policy Council Chairperson shall issue a response within 10 working days.
- d) If the complaint is not resolved, or if no action occurs within the 10 working days, the complaint shall be presented in writing to the Tribal Administration CEO, who will review the matter and will give a response within ten working days. The CEO's decision is final and shall not be subject to further administrative or judicial review.

SECTION 5: HIERARCHY OF AUTHORITY

The hierarchy of authority to resolve parent and/or community grievances against Head Start and Child Care is as follows:

- (a) Originator (parent or community person) and staff person
- (b) Head Start and Child Care Program Manager
- (c) Policy Council
- (d) Tribal Administrative CEO

SECTION 6: RECORD KEEPING

The Redding Rancheria Head Start and Child Care program will maintain a file of program complaints at its office, listed above. This file may be reviewed by interested parties by request during normal business hours. The contents of the file are the property of the Redding Rancheria and may not be copied.

SECTION 7: REVIEW

The CEO shall review this policy each year and shall such make recommendations, if any, for its amendment as appropriate for the effective administration hereof.

SECTION 8: SOVEREIGN IMMUNITY

Nothing contained within this Policy shall be construed as a waiver of the sovereign immunity of the Redding Rancheria, the Redding Rancheria Head Start and Child Care Center, or any officer, agent or employee thereof, to a suit brought for damages or any other relief in any court.

Legislative History:

Originally Adopted by Tribal Council Resolution #056-06-23-09, dated June 23, 2009.
Amended by Tribal Council Resolution #058-10-09-12, dated October 9, 2012.
Amended by Tribal Council Resolution #029-04-14-15, dated April 14, 2015.

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Policy ID 518 (GOV) Shared Decision Making

Related Regulations:	1304.50 d 2 v		
Revised by:	Diane Coe, Program Manager	Revision Date:	4/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing/As needed		
Evaluation:	Submitted grievance; meeting minutes		
Forms:			
Former Policies:	TP8-0222 (PG09) Head Start and Child Care Community Complaint/ Grievance Policy		

Performance Objective: This policy shall outline the system to be followed to ensure the Head Start Shared Decision Making Circle is complete.

SECTION 1: PURPOSE

1.0 The four participants in this process are:

- (a) The Head Start Program staff and parents
- (b) The Head Start Policy Council
- (c) The Tribal Administration staff
- (d) The Tribal Council.

1.1 Every proposed policy, procedure and some specified actions must complete the circle of approval, unchanged, returning to the point of initiation or change before it can be adopted or implemented. Proposals can begin at any point in the circle, but must complete the circle with all parties in agreement.

SECTION 2: TOPICS REQUIRING SHARED DECISION MAKING

2.0 While not a complete listing, the Shared Decision Policy applies in situations such as these:

- a) All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils);
- b) The program’s philosophy and long- and short-range program goals and objectives
- c) The selection of delegate agencies and their service areas
- d) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen;
- e) Criteria for defining recruitment, selection, and enrollment priorities
- f) The annual self-assessment of the grantee or delegate agency’s progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review
- g) Program personnel policies and subsequent changes to those **policies** including standards of conduct for program staff, consultants, and volunteers;
- h) Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency; and
- i) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee or delegate agency.

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**1302 Subpart A - Eligibility, Recruitment,
Selection, Enrollment and Attendance**
(ERSEA)

**Redding Rancheria Head Start and
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Policy ID 20000 (ERSEA) Determining Community Strengths, Needs, and Resources - Service Area

Related Regulations:	1302.11 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Before grant application is submitted		
Evaluation:	Grant application		
Forms:			
Former Policies:	TP8-0213 (MG03) Program Planning; Approval of Short and Long Term Goals; EL01 Determining Community Strengths and Needs		

Performance Objective: The program proposes a service area in the grant application and defines its area.

1.0 Service Area

Based upon the original community needs assessment and annual updates, the Redding Rancheria has determined that, as the Head Start Grantee, it shall operate a general education setting, Center Based Head Start Program Option. This program option best meets the needs of the children and families in our service area.

Further, the service area for Head Start programming shall be Shasta County; however, this does not imply Head Start transportation services are available throughout Shasta County.

- 1.1 The program proposes a service area in the grant application and defines the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation.
- 1.2 If the program decides to change the service area after ACF has approved the grant application, the program submits to ACF a new service area proposal for approval.
- 1.3 The Program Manager notifies the Policy Council of a need for a delegate agency area based on Community Assessment, Census, and/or other pertinent data shows such a need in the service area.
- 1.4 The Grantee analyzes the capacity of the proposed provider/s for the provision of quality Head Start and/or Early Head Start services.
- 1.5 The Grantee may ask potential providers to express their interest for providing services in writing.
- 1.6 The Policy Council, working in partnership with key Management and the governing body, reviews and approves the selection of delegate agencies and their service areas when applicable.
- 1.7 The Tribal Council working in partnership with key Management staff reviews and has approval authority over delegate agencies and service areas.

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Policy ID 20001 (ERSEA) Community Assessment

Related Regulations:	1302.11 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	At least once over the five-year grant		
Evaluation:	Community Assessment		
Forms:			
Former Policies:	TP8-0213 (MG03) Head Start Program Planning Policy		

Performance Objective: The program conducts a community wide strategic planning and needs assessment (community assessment) to design a program that meets community needs and builds on strengths and resources.

1.0 Community Assessment

1.1 The program conducts a community assessment at least once over the five-year grant period.

a) The community assessment uses data that describes community strengths, needs, and resources and includes, at a minimum:

i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

B) Children in foster care; and

C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

iii) Typical work, school, and training schedules of parents with eligible children;

iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

v) Resources that are available in the community to address the needs of eligible children and their families; and,

vi) Strengths of the community.

1.2 The program annually reviews and updates the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten-(including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

1.3 The program considers whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the eligible funded enrollment.

a) The program does not enroll children from diverse economic backgrounds if it would result in serving less than the eligible funded enrollment.

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Policy ID 20002 (ERSEA) Determining, Verifying and Documenting Eligibility

Related Regulations:	1302.12; Act 645 a 2		
Revised by:	Hannah Hughes, Program Manager	Revision Date:	4/30/2024
Approved by:	Executive Team	Approval Date:	06/03/2024
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Before enrollment		
Evaluation:	Eligibility forms, electronic record-keeping system		
Forms:	Selection Criteria Score Sheet; Application forms, documentation in electronic record-keeping system		
Former Policies:	EL 02 ERSEA; EL05 Enrollment and Vacancies		

Performance Objective: The program determines, verifies, and documents eligibility in accordance with the regulations.

1.0 Determining, Verifying, and Documenting Eligibility

1.1 Program staff:

- a) Conduct an in-person interview with each family (unless impossible or not convenient for the family, in which they can interview the family over the telephone),
- b) Verify information as required in 1302.12 h (verifying age) and 1302.12 i; and
- c) Create an eligibility determination record for enrolled participants according to 1302.12 k.

1.2 The program may petition the responsible HHS official to waive requirements in paragraphs 1302.12 a 1 i and ii if it has an alternate method to reasonably determine eligibility based on the community assessment, geographic and administrative data, or from other reliable data sources.

2.0 Age Requirements

2.1 For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.

2.2 For Head Start, a child must:

- a) Be at least three years old by September 1st (must turn three years old by the date used to determine eligibility for public kindergarten in the community; and,
- b) Be no older than the age required to attend Kindergarten.

3.0 Eligibility Requirements

3.1 A child is eligible if:

- a) The family’s income is equal to or below the poverty line; or,
- b) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance, including TANF child-only payments; or,

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- c) The child is homeless, as defined in part 1305; or,
- d) The child is in foster care.
- e) The child is a Redding Rancheria member.
- f) The child is a registered Native American.

3.2 If the family does not meet a criterion under 1302.12 c 1, the program may enroll a child who would benefit from services, provided that these participants only make up to 49 percent of the program's enrollment in accordance with paragraph 1302.12 d. (Tribal Programs may enroll up to 49% over income criteria.)

4.0 Additional Allowances for Programs

4.1 The program may enroll additional participants whose families do not meet a criterion described in 1302.12 c and whose incomes are below 130% of the poverty line, if the program:

a) Establishes and implements outreach, and enrollment policies and procedures to ensure it is meeting the needs of eligible pregnant women, children, and children with disabilities, before serving pregnant women or children who do not meet the criteria in **1302.12 c**; and,

b) Establishes criteria that ensure pregnant women and children eligible under the criteria listed in 1302.12 c are served first.

4.2 When the program chooses to enroll participants who do not meet a criterion in 1302.12 c, and whose family incomes are between 100 and 130% of the poverty line, it reports to the Head Start regional program office:

a) How it is meeting the needs of low-income families or families potentially eligible for public assistance, homeless children, and children in foster care, and include local demographic data on these populations;

b) Outreach and enrollment policies and procedures that ensure it is meeting the needs of eligible children or pregnant women, before serving over-income children or pregnant women;

c) Efforts, including outreach, to be fully enrolled with eligible pregnant women or children;

d) Policies, procedures, and selection criteria it uses to serve eligible children;

e) Current enrollment and enrollment for the previous year;

f) The number of pregnant women and children served, disaggregated by the eligibility criteria in 1302.12 c and 1302.12 d 1; and,

g) The eligibility criteria category of each child on the program's Enrollment Pool.

5.0 Verifying Age

5.1 Program staff verify a child's age according to these policies and procedures.

a) Program Manager or designated Head Start staff verify the age of the child by examining copy of birth certificate, passport, baptismal certificate, documentation on official letterhead from medical provider or government agency, or documentation on medical insurance card.

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b) The program does not require families to provide documents that confirm a child's age, if doing so creates a barrier for the family to enroll the child. (Birth certificates are required if needed to determine Native American status.)

6.0 Verifying Eligibility

6.1 The need of the child is determined by the priority score assigned on the application (see [Policy ID 20004 \(ERSEA\) Selection of Children.](#))

6.2 To verify eligibility based on income, program staff use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period.

a) If the family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, program staff may accept written statements from employers, including individuals who are self-employed, for the relevant time period and use information provided to calculate total annual income with appropriate multipliers.

b) If the family reports no income for the relevant time period, the program may accept the family's signed declaration to that effect, if program staff describes efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility, if the family gives written consent.

i) If a family gives consent to contact third parties, program staff adhere to program confidentiality and privacy policies and procedures and ensure the eligibility determination record adheres to 1302.12 k 2.

c) If the family can demonstrate a significant change in income for the relevant time period, program staff may consider current income circumstances.

6.3 To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program obtains documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family is potentially eligible to receive public assistance.

6.4 To verify whether a family is homeless, the program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness.

a) If a family can provide one of the documents described above, program staff must describe efforts made to verify the accuracy of the information provided and state whether the family is eligible because they are homeless.

b) If a family cannot provide one of the documents described above to prove the child is homeless, the program may accept the family's signed declaration to that effect, if, in a written statement, program staff describe the child's living situation that meets the definition of homeless in part 1305.

c) Program staff may seek information from third parties who have first-hand knowledge about a family's living situation, if the family gives written consent.

i) If the family gives consent to contact third parties, program staff adhere to program privacy policies and procedures and ensure the eligibility determination record adheres to 1302.12 k.

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- 6.5 To verify whether a child is in foster care, program staff accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment.

7.0 Eligibility Duration

- 7.1 If a child is determined eligible and is participating in a Head Start program, he or she will remain eligible through the end of the succeeding program year except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services.
- 7.2 Children who are enrolled in a program receiving funds under the authority of section 645A of the Head Start Act remain eligible while they participate in the program.
- 7.3 If a child moves from an Early Head Start program to a Head Start program, program staff verify the family's eligibility again.
- 7.4 When the program operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program ensures, whenever possible, the child receives Head Start services until enrolled in school, provided the child is eligible.

8.0 Records

- 8.1 The program keeps eligibility determination records for each participant and ongoing records of the eligibility training for staff required by 1302.12 m.
- a) The program may keep these records electronically.
- 8.2 Each eligibility determination record includes:
- a) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under 1302.12 h and 1302.12 i;
- b) A statement that program staff has made reasonable efforts to verify information by:
- i) Conducting either an in-person, or a telephone interview with the family, as required; and,
- ii) Describing efforts made to verify eligibility, as required; and, collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' names, titles, and affiliations, and information from third parties regarding the family's eligibility.
- iii) A statement that identifies whether:
- A) The family's income is below income guidelines for its size, and lists the family's size;
- B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance;
- C) The child is a homeless child or the child is in foster care;
- D) The family was determined to be eligible under the criterion in 1302.12 c 2; or,
- E) The family was determined to be eligible under the criterion in 1302.12 d 1.
- 8.3 The program keeps eligibility determination records for those currently enrolled, as long as they are enrolled, and for one year after they have either stopped receiving services; or are no longer enrolled.

9.0 Enrollment Packet

- 9.1 Parents must complete and provide the following Enrollment Packet prior to their child entering the Head Start or Child Care classroom. These items must be received within the time specified after the offer of enrollment or the child will be placed back in the enrollment pool.

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Parents/guardians must provide:

- a) completed Enrollment Packet (all pages)
- b) completed Health Packet (all pages including Child Developmental Screeners)
- c) child's most recent physical exam (CHDP or Well Child) including TB and Lead tests
- d) child's most recent immunization history. Child must be current; see policy #310 Immunizations.

9.2 Upon receipt of these items, the child may begin attending class. Head Start staff are available to assist in the enrollment process

9.3 The Redding Rancheria Head Start and Child Care is a general education setting. Continued enrollment is based upon the Redding Rancheria Head start and Child care program being an appropriate placement to meet the child's social, emotional, physical and developmental needs. For those children found to have special needs, an IEP or 504 plan is required, which outlines how these needs will be met.

10.0 Violation of these Policies and Procedures

10.1 If Program Management determines that a staff person has violated Federal and/or program eligibility determination regulations and/or enroll pregnant women and children who are not eligible to receive Early Head Start or Head Start services, the program will administer disciplinary action up to and including termination.

11.0 Training on Eligibility

11.1 The program trains all governing body, policy council, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures. At a minimum, the training:

- a) Includes methods on how to collect complete and accurate eligibility information from families and third party sources;
- b) Incorporates strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,
- c) Explains program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.

11.2 The program trains management and staff members who make eligibility determinations within 90 days of hiring new staff.

11.3 The program trains all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.

- a) The program also provides eligibility training as needed.

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Policy ID 20003 (ERSEA) Recruitment of Children

Related Regulations:	1302.13		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Prior to beginning of enrollment year and as needed		
Evaluation:	Enrollment Pool Report		
Forms:			
Former Policies:	EL03 Recruitment of Children		

Performance Objective: In order to reach those most in need of services, the program develops and implements a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program.

1.0 Recruitment of Children

1.1 This process includes:

- a) program efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care.
- b) canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.

1.2 The program networks with internal and external resources to obtain referrals.

- a) The program maintains a listing of recruitment activities that includes the names of community agencies, neighborhoods, churches, and others.
 - i) This listing includes dates and specific recruitment activities implemented (e.g., copies of distributed fliers, PSA announcements, etc.).
- b) Program staff implement the Recruitment of Children Plan as written (see [Policy ID 20003a \(ERSEA\) Recruitment of Children Plan](#)).

1.3 During the recruitment process that occurs prior to the beginning of the enrollment year, the program solicits applications from as many Head Start/Early Head Start eligible families within the recruitment area as possible.

- a) As needed, the program assists families in filling out the Head Start and Child Care Application Form, Health Packet and accompanying documentation in order to ensure that all information needed for selection is completed.
- b) Such assistance includes provision of translation services.
- c) The availability of program options is explained to parents e.g., via staff-parent discussion, at recruitment events, in brochures, at parent orientation, via Head Start/Early Head Start enrollment telephone line, on the website, etc.

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- 1.4 Each program obtains a number of applications during the recruitment process that occurs prior to the beginning of the enrollment year that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.

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Policy ID 20003a (ERSEA) Recruitment of Children Plan

Related Regulations:	1302.13		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	April of every year		
Evaluation:	Approved recruitment plan and materials		
Forms:			
Former Policies:	EL 03		

Performance Objective: In order to reach those most in need of Head Start and Child Care services, the program develops and implements a recruitment process that is designed to actively inform all families with eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program.

1.0 Recruitment Plan

- 1.1 Recruitment flyers are posted at the Redding Rancheria Tribal Health Center, the Redding Rancheria Churn Creek Health Facility, Win River Casino and Resort, Redding Rancheria Tribal Offices, Bureau of Indian Affairs, Shasta College, Anderson Health Clinic.
- 1.2 An announcement is placed in the Redding Rancheria Tribal newsletter, which has a county-wide mailing list.
- 1.3 An on-line pre-application is available on the tribe's website: www.redding-rancheria.com
- 1.4 A direct mailing may be sent to all those registered at the Redding Rancheria Tribal Health Center who have preschool aged children.
- 1.5 The Redding Rancheria Mental Health Department is asked to actively refer those children with special needs. Likewise, outreach efforts are made to the Far Northern Regional Center.
- 1.6 The Good News Rescue Mission, Shasta County Social Services and the Redding Rancheria Community Services Department are contacted for any homeless and/or foster care referrals.
- 1.7 In addition to the above, program staff, policy council and parents are recruited to distribute Head Start approved recruitment materials.
- 1.8 Examples of places, events, and people that recruitment materials are distributed:
 - a) to parents
 - b) to organizations
 - c) to agencies
 - d) at program events and activities
 - e) at community fairs

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f) at neighborhood functions

g) at workshops

h) in grocery store parking lots

i) door-to-door

j) in stores

k) in churches

l) at Social Security Office

m) at WIC clinics

n) at health clinics

o) at food bank distribution sites

p) in school districts, including charter school, high schools, encouraging children in grades K-6 to take fliers home

q) to locations with Head Start eligible families, as determined by the most recent Community Assessment.

1.9 The Grantee monitors recruitment plan progress quarterly.

1.10 Program staff are encouraged to ask parents for referrals.

1.11 Each program makes available recruitment materials in English, Spanish, and other languages as needed.

1.12 A greater number of applications than vacancies is obtained, and applications are entered electronically in the Enrollment Pool. The applicants are reviewed and scored prior to filling any vacancy to ensure those with the greatest need for Head start or Child Care services are selected.

1.13 Any un-served children remain in the Enrollment Pool until aged out.

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Policy ID 20004 (ERSEA) Selection of Children

Related Regulations:	1302.14		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Prior to enrollment		
Evaluation:	Electronic record-keeping system priority scoring		
Forms:			
Former Policies:	TP8-0211 (EL04) Head Start Enrollment Selection Policy		

Performance Objective: The program establishes selection criteria annually for the prioritization of selection of participants.

Definitions:

- (a) **Income Eligible:** This refers to a family’s gross total income; the annual guidelines are released by the Federal Government and usually are at or near the poverty level.
- (b) **Native American:** A child who has acceptable documentation of their Native American status.
- (c) **Disability:** A suspected or diagnosed special need.
- (d) **Homelessness:** No stable home; living in shelters, temporary housing or with other family or friends.
- (e) **Eligible age:** Must be three years old by the deadline date for kindergarten eligibility. (Sept 1 as of 2013 school year)

Based on the concept of Shared Governance, the Head Start Policy Council, the Tribal Council and staff annually approve the Head Start Selection Criteria. Using the most recent Community Needs Assessment, the Tribal Council hereby delegates authority to draft the annual selection criteria to:

- (a) Head Start Program Manager
- (b) Head Start Policy Council

1.0 Selection Criteria Rules

1.1 The program annually establishes selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment and including family income, whether the child is homeless, whether the child is in foster care, the child’s age, whether the child is eligible for special education and related services, or early intervention services², as appropriate, Native American status, and other relevant family or child risk factors.

² as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 *et seq.*)

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- 1.2 When the program operates in a service area where Head Start eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day, the program prioritizes younger children as part of the selection criteria (unless this priority would disrupt partnerships with local education agencies, in which it is not required).
- 1.3 The program does not deny enrollment based on a disability or chronic health condition or its severity.

2.0 Children Eligible for Services under IDEA

- 2.1 The program ensures at least 10% of total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.
 - a) Then children eligible for services under IDEA are prioritized for the available slots in accordance with the program's selection criteria described below.

3.0 Enrollment Pool

- 3.1 The program develops at the beginning of each enrollment year and maintains during the year an Enrollment Pool that ranks children according to the program's selection criteria.
- 3.2 The Enrollment Pool is an ongoing part of the intake and record-keeping system to ensure vacancies are filled by the child with greatest demonstrated need in a timely manner.
- 3.3 It is the responsibility of the Program Manager to identify a system of receiving, entering and scoring the applications to the Enrollment Pool to ensure it is administered fairly.
 - a) All applications are entered into the Enrollment Pool and scored.
 - b) The Program Manager or their designee maintains the Enrollment Pool in the electronic record-keeping system.
- 3.4 When a parent expresses an interest in enrolling their child, and there are no available enrollment opportunities, that child will be put in the Enrollment Pool.
 - a) The Program Manager or their designee centrally process and maintain records of Head Start Pre-application and Tentative Score forms needed to be entered into the Enrollment Pool.
 - b) The Enrollment Pool is maintained in the electronic record-keeping system, and is primarily the responsibility of the Administrative Assistant..
 - c) The Program Manager or designated staff send official communication to notify families placed in the Enrollment Pool.
- 3.5 When an enrollment opportunity becomes available, the program offers it as quickly as possible to the child with the highest score (greatest need.)
 - a) Families have the right to accept or decline the enrollment opportunity.
- 3.6 The Enrollment Pool is maintained for the current program year for which the application is received and is rolled over at the end of each program year for any children who are still age eligible.
- 3.7 The Program Manager monitors and provides assistance in the administration of the Waiting List.

4.0 Selection Criteria for Priority Enrollment

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- 4.1 The Policy Council annual recommends the priority categories and criteria; Tribal Council provides any additional input and approval. With written approval from the Tribal Council, the Policy Council may elect to add additional criteria that reflects a specific need in their service area.
- 4.2 Priority score criteria are derived from the results of the Community Assessment and its annual updates.
- 4.3 Changes to the priority score are submitted to the Policy Council and Tribal Council for approval.
- 4.4 Once changes are approved, corresponding documents are updated:
- a) Head Start Pre-Application Form and Score Sheet
 - b) Selection Criteria for Priority Enrollment procedure (this policy); and
 - c) Priority scores are updated in the electronic tracking system.
- 4.5 The following are recurring selection criteria for priority enrollment; annual additions may be made with Policy Council and Tribal Council approval :

Selection Criteria Score Sheet #200004 (L1)

Circle only one (1) of the following:	HS Native	HS Non	CC Native	CC Non
Redding Rancheria Tribal Member who would benefit from program services	600	0	N/A	N/A
Public Assistance/ TANF including TANF child care only	350	40	60	10
Foster Child	350	40	60	10
Family is Homeless – lack a fixed, regular and adequate nighttime residence; Multiple Families living under one roof	350	40	60	10
Over Poverty Ceiling but less than 130% Poverty Guidelines	200	30	N/A	N/A
Over Head Start Income Ceiling	80	0	N/A	N/A

Circle all that apply:	HS Native	HS Non	CC Native	CC Non
Age for Head Start – 3 years old (T-kindergarten next year)	50	5	N/A	N/A
Identified Special Need requiring an I.E.P.	70	15	70	15
Parent(s) are employed by Redding Rancheria or it's entities	50	5	N/A	N/A
Child Care Sliding Scale points 10 – 290	N/A	N/A		N/A
TOTAL POINTS				

Note: Any time Head Start is in contact with a family who has a definite need (enrolled or not), we will refer that family to an agency capable of addressing that need.

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Policy ID 20005 (ERSEA) Enrollment of Children

Related Regulations:	1302.15; Act 645		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:	Eligibility Score Sheet; Enrollment Packet		
Former Policies:	EL05 Enrollment and Vacancies		

Performance Objective: The program maintains its funded enrollment level and fills any vacancy as soon as possible (within 30 days).

1.0 Enrollment of Children

- 1.1 The program makes efforts to maintain enrollment of eligible children for the following year.
- 1.2 Under exceptional circumstances, the program may maintain a child’s enrollment in Head Start for a third year, provided that family income is verified again.
 - a) The program may maintain a child’s enrollment in Early Head Start as described in §1302.12 j 2.
- 1.3 When the program serves homeless children or children in foster care, it makes efforts to maintain the child’s enrollment regardless of whether the family or child moves to a different service area, or transitions the child to a program in a different service area, as required in §1302.72 a, according to the family’s needs.
- 1.4 Children from diverse economic backgrounds who are funded with other sources, including private pay, are not considered part of the program’s eligible funded enrollment.
- 1.5 The program complies with state immunization enrollment and attendance requirements; must be up to date prior to admittance) (with the exception of homeless children as described in §1302.16 c 1.)

2.0 Enrollment Process

- 2.1 Program ERSEA staff fill out each form completely and accurately and ensure that forms filled out by parents are complete and accurate.
 - a) ERSEA staff and parent/guardians sign all necessary forms.
 - b) ERSEA staff enter the information from completed registration packet into the electronic record-keeping system.
 - c) Enrollment is done in accordance with Head Start regulations.
- 2.2 The program’s enrollment procedures take into account:
 - a) The number of children with disabilities, including types of disabilities and their severity,
 - b) The services and resources provided by other agencies, and

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c) Observation of applicable State laws which require that children entering center-based preschool programs with complete up to date immunizations prior to entering to reduce the spread of communicable disease.

2.3 ERSEA staff schedule an application appointment with the parent/s.

a) The application packet is reviewed completed at the appointment.

b) ERSEA staff conduct an in-person interview with each family to the extent possible.

c) ERSEA staff assist each family in completing enrollment packets.

d) ERSEA staff explain each form to parents/guardians and ensure that all items are appropriately completed.

2.4 ERSEA staff make determination of acceptance (or Enrollment Pool) within 48 hours of receipt of all requested forms.

2.5 The Program Manager or ERSEA staff assign accepted children to classrooms as soon as possible.

a) ERSEA staff send acceptance letters to eligible families.

3.0 Enrollment Priority

3.1 Each program uses a uniform priority ranking, assigns points to each child/family, and ERSEA staff maintain the Enrollment Pool in the electronic record-keeping system according to these points (see "Selection Criteria for Priority Enrollment" in [Policy ID 20004 \(ERSEA\) Selection of Children](#))

3.2 Priority Order is determined by greatest demonstrated needs.

a) Greatest needs are determined by the child's priority score on their *Head Start Application/Eligibility Verification Form*.

b) The ERSEA staff offers the first available slot to the family with highest score (greatest need) in the Enrollment Pool.

i) The family may choose to accept that offered placement or wait for their desired option/slot.

ii) Income, age and eligibility must be determined first before placement on the Enrollment Pool.

4.0 Enrollment of Over-Income Families (>130% poverty level)

4.1 The program may enroll over-income families in accordance with the regulations.

4.2 ERSEA staff follow the "Additional Allowances for Programs" section of [Policy ID 20002 \(ERSEA\) Determining, Verifying and Documenting Eligibility](#) to enroll over-income families.

4.3 Once a site has exhausted its Enrollment Pool for income-eligible children and has made every effort to recruit from the community all income-eligible children, it can enroll the over-income children with special needs in the Enrollment Pool according to their ranking.

4.5 Once over-income children with special needs have been enrolled, and the site has not yet reached full enrollment, the program may enroll the other over-income children on the Enrollment Pool according to their ranking.

4.6 Until the program reaches 49% over-income it may choose to enroll families between 101-130% of poverty as outlined in section 645 of the Improving School Readiness Act of 2007, not to exceed 35% of participants.

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a) Programs choosing to enroll these participants between 101-130% of poverty must submit an annual report detailing the items described in the “Additional Allowances for Programs” section of [Policy ID 20002 \(ERSEA\) Determining, Verifying and Documenting Eligibility](#).

4.7 When a family is determined to be over-income, program ERSEA staff contact the Program Manager to request placement.

a) The Program Manager reviews program status of over-income families to determine enrollment opportunities.

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Policy ID 214 (ERSEA) Change in Enrollment Status

Related Regulations:	<i>1305.2 b; 1305.8</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	During the recruitment period and throughout the program year		
Evaluation:	Acceptance Letter in the child's file		
Forms:			
Former Policies:			

Performance Objective: The Grantee monitors the status of child enrollment.

1.0 Enrollment Status

1.1 Programs are required to change the child's status from Accepted to Enrolled when:

- a) The child attends his or her first class or receives his or her first home visit, or
- b) The family receives their first Head Start/Early Head Start service.

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Policy ID 215 (ERSEA) Returning Child Packet

Related Regulations:	<i>1305.7 a-c</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Returning Child Packets can be completed beginning in the spring and must be completed and returned two weeks prior to the start of the new school year.		
Evaluation:	Completed Returning Child Packets		
Forms:			
Former Policies:			

Performance Objective: Each program documents children returning for the next program year.

1.0 Returning Child Packet

1.1 ERSEA staff conduct an in-person or telephone interview with parents of returning children.

- a) During that interview, ERSEA staff ensure that the Returning Child Packet is completed.
- b) ERSEA staff review the following information existing in the child’s records or files and changes as applicable:
 - i) Update any forms as needed
 - ii) Update Emergency Contact Sheet and Global Permissions
 - iii) Update of *Physical Examination/immunizations as needed*
 - iv) Update *Family Partnership Agreement Form* as needed
 - v) Update : Speech and Language Consent for Services as needed
 - vi) Update: Request for Administration of Medication Form
 - vi) Complete: *CACFP Application for Free Meals as needed;*
 - Vii)Complete: Returning Child Attendance/ Enrollment Agreement Update Form

1.2 ERSEA staff input the completed Returning Child information into the electronic record-keeping system within seven days of receiving the completed forms.

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Policy ID 20006 (ERSEA) Attendance, Absenteeism, and Withdrawal of Children

Related Regulations:	1302.16		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Throughout the program year and as applicable		
Evaluation:	Child attendance records, Monthly Average Daily Attendance Report		
Forms:	Enrollment Agreement (Revised) ; Attendance/ Absence/ Bus Use/ Tardiness Policies		
Former Policies:	EL 06 Attendance Policies		

Performance Objective: The program promotes regular attendance for enrolled children.

1.0 Attendance of Children

1.1 The program tracks the attendance of each enrolled child.

1.2 The program implements a process to ensure children are safe when they do not arrive at school.

a) If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time or as soon as possible and practical, the program attempts to contact the parent to ensure the child’s well-being.

1.3 To promote child attendance, the program:

a) Provides to parents information about the benefits of regular attendance;

b) Supports families to promote the child’s regular attendance;

c) Conducts a home visit or makes other direct contact with a child’s parents if a child has multiple unexplained absences (such as three consecutive unexplained absences); and,

d) Within the first 60 days of program operation, and on an ongoing basis thereafter, uses individual child attendance data to identify children with patterns of absence that put them at risk of missing 10% of program days per year and develops appropriate strategies to improve individual attendance among identified children, including direct contact with parents or intensive case management, as necessary.

1.4 If a child ceases to attend, the program makes appropriate efforts to reengage the family to resume attendance.

a) If the child’s attendance does not resume, then the program considers that slot vacant.

i) This action is not considered expulsion as described in §1302.17.

2.0 Managing Systematic Program Attendance Issues

2.1 If the program’s monthly average daily attendance rate falls below 85%, the program analyzes the causes of absenteeism to identify any systematic issues that contribute to the program’s absentee rate.

a) The program uses this data to make necessary changes in a timely manner as part of ongoing oversight and correction and inform its continuous improvement efforts (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)).

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3.0 Supporting Attendance of Homeless Children

- 3.1 If the program determines a child is eligible under §1302.12 c 1 iii, it allows the child to attend for up to 90 days without immunization and other records, to give the family reasonable time to present these documents.
- a) The program works with families to get children immunized as soon as possible in order to comply with state licensing requirements.
- 3.2 If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program utilizes community resources, where possible, to provide transportation for the child.

4.0 Child Attendance, Absenteeism, and Withdrawal

- 4.1 Before enrollment, ERSEA staff inform parents that children are expected to maintain regular attendance at their Head Start program/option.
- a) Parents/guardians are given copies of this policy and procedure at enrollment and sign a copy in the enrollment packet
 - b) All Head Start and Child Care staff receive training on the absenteeism procedure during the program year.
- 4.2 Program Management is responsible for notifying parents of any facility closings.
- 4.3 Parents are informed by staff, at orientation and in the Parent Handbook, that they are to contact the center if the child will be absent.
- a) ERSEA staff document parent communication and reason for child's absence on the triplicate note form and update the electronic data base with absence information.
- 4.4 After three consecutive days of unreported absence, ERSEA staff contact the family by phone, written notice, e-mail, text message, and/or visit.
- 4.5 ERSEA staff document child absences in the electronic record-keeping system.
- 4.6 ERSEA staff make a home visit on or before the fourth consecutive day of absence or as soon as possible and practical to request information concerning the child, if none has been obtained prior to the fourth day's absence.
- 4.7 ERSEA staff make a minimum of three attempts to conduct a home visit, and document the attempts in the electronic record-keeping system.
- 4.8 On determining the reasons for the child's absence, ERSEA staff offer to assist the parent or guardian in finding a solution.
- 4.9 ERSEA staff monitor and document the daily attendances and absenteeism, follow-up, and withdrawal status of children in the electronic record-keeping system.
- 4.10 A child may be withdrawn from the program:
- a) After ten consecutive days of unreported absence; or
 - b) If the child has irregular attendance and if every possible step has been taken to assist the family.

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i) When a child's attendance falls below 70% for a 30 day period they are considered to have irregular attendance.

c) A Program Management/parent conference may be held prior to the decision to withdraw a child.

d) Program Manager sends written notice to the family stating the reason(s) for withdrawal from the program.

e) The decision to re-admit a family into the program is at the discretion of the program.

4.11 The withdrawn child's family has the right to appeal in writing to the Head Start/Early Head Start program for the child to be placed back in the program.

4.12 If a child does not attend class due to a required service related to a Head Start mandate (e.g., medical/dental exams, treatment, follow-up, screenings, immunizations), then ERSEA staff mark the child present/off site on the attendance sheet.

a) In the electronic record-keeping system, this is documented as a "Best Interest Day."

4.13 When the absenteeism rate falls below 85% , ERSEA staff review the Absence Record and Attendance Sheets to analyze the causes of absenteeism and take steps to contact parent/guardians as stated above.

5.0 Child Attendance/Absenteeism Tracking and Communication

5.1 Administrative Assistant keep track of attendance and absenteeism.

5.2 ERSEA staff communicate with families when children's absenteeism falls below 85%.

5.3 When the monthly average daily attendance rate in a center-based program falls below 85%, ERSEA Staff analyzes the causes of absenteeism.

a) The analysis includes a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on consecutive days.

5.4 If the absences are a result of illness or if they are well documented absences for other reasons, no special action is required.

a) If, however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the program initiates appropriate family support procedures for all children with four or more consecutive unexcused absences.

i) These procedures include home visits or other direct contact with the child's parents.

ii) Contacts with the family emphasizes the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns.

iii) All contacts with the child's family, as well as special family support service activities provided by the Parent Partnership Coordinator, the Health and Disabilities Coordinator, and other staff are documented by that staff person.

iv) When families cannot be contacted by telephone, ERSEA staff reach out to them by use of other means, such as postal mail, home visits, e-mail, text messages, notes sent home with the child, or other method.

v) When absences result from temporary family situations, the program offers support to the affected family.

b) In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or different program options, the child's slot is considered an enrollment vacancy.

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6.0 Recording Daily Attendance

6.1 Classroom Teaching staff record the daily attendance of each child on the Monthly Attendance Sheet.

- a) If the child arrives on the opening day, the Teacher writes "E" (Enrolled) on the Monthly Attendance Sheet.
- b) If the child does not arrive on the opening day, the teacher writes an "A" (Absent) on the Monthly Attendance Sheet..
 - i) The symbol "A" (Absent) can only be carried for a maximum of ten days from the opening date.
- c) The Teacher initiates the absenteeism policy.
 - i) After three days of child absence the teacher informs the Program Manager.
 - ii) After 10 days the Program Manager classifies that child as Withdrawn.

6.2 Classroom Teaching staff or designated staff maintain a monthly attendance roster for each class, using the Monthly Attendance Sheet to document each child's attendance and absences.

- a) Classroom Teaching staff use these codes on the Monthly Attendance Sheet as appropriate:
 - i) "E" for Entry in the appropriate day's box for the first day of a child's attendance in the program.
 - ii) "W" for Withdrawal in the appropriate day's box for the last day of attendance to record a child's withdrawal the program
 - iii) "√" to record each day that a child is present;
 - iv) "X" (cross mark over check mark) to indicate child has gone home.
 - v) "T" to record a child who was tardy
 - vi) "O" to record each day that a child is absent.

6.3 Electronic record-keeping system attendance entry under NOTES: " Absent/ Tardy / No Bus":

- a) Absent – marked when a child is absent and reason noted.
- b) Tardy – indicate time of arrival
- c) No Bus – indicate that the bus was not running and family had no other means of transportation
- d) Best Interest Day – When a child is not physically present in a classroom due to a screening or other Head Start activity.

7.0 Average Daily Attendance Addendum and Analysis

7.1 When Average Daily Attendance falls below 85%, the program analyzes the causes of absenteeism and submits the monthly report to the Tribal Council in the monthly department report.

8.0 Tardiness

9.0 Parent Enrollment Agreement

9.1 ERSEA staff review the Parent Enrollment Agreement during intake and review the attendance, absence, Bus use, and tardiness Policies.

9.2 Parents are required to acknowledge receipt with their signature on this Policy

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Policy ID 20007 (ERSEA) Suspension and Expulsion of Children

Related Regulations:	1302.17		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Legal Department		
Responsibility:	Program Manager		
Timeline:	Only when necessary		
Evaluation:			
Forms:			
Former Policies:	ED06 Child Study Teams/Child Support Plans		

As a general education setting, The Redding Rancheria Head Start Program will maintain a safe learning environment for all students and staff. Occasionally, young children present behaviors with potential to injure themselves or others. If after applying Positive Behavior Management procedures, the child continues to display any of the following, the Child Study Team procedure shall be promptly implemented. Behaviors or situations that could trigger the Child Study team are:

- i) A continued physical or emotional threat to the other children or staff
- ii) A continued severe disruption to daily activities leading to an unsafe situation
- iii) Inability to safely participate in daily or special activities
- iv) A continued lack of developmental or behavioral growth
- v) Repeatedly running from the classroom
- vi) Self-abusing behavior

Performance Objective: The program severely limits the use of suspension and prohibits expulsion due to a child's behavior.

1.0 Suspension and Expulsion of Children

1.1 The program severely limits the use of suspension due to a child's behavior.

- a) Such suspensions are only temporary in nature.

1.2 A temporary suspension is used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications. The parents or guardians will be called to come take the child home.

1.3 Before the program determines whether a further temporary suspension is necessary, the Child Study Team including the parents, a mental health consultant, classroom teachers and other appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.

1.3 This team identifies potential solutions to mitigate the situation, thereby allowing the continued participation of the child. This Child Support Plan may include a modified attendance schedule, parent participation in the classroom or field trips, etc.

1.4 If a temporary suspension is deemed necessary, the program helps the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

- a) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;

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- b) Developing a written plan to document the action and supports needed;
- c) Providing services that include home visits; and,
- d) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

2.0 Prohibition on Expulsion

- 2.1 The program cannot expel or unenroll a child from Head Start/Early Head Start solely because of a child's behavior.
- 2.2 When a child exhibits persistent and serious challenging behaviors, the program explores all possible steps and documents all steps taken to address such problems, and facilitates the child's safe participation in the program.
 - a) Such steps include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:
 - i) If the child has an IFSP or IEP, the program consults with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,
 - ii) If the child does not have an IFSP or IEP, the program collaborates, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.
- 2.3 If, after the program has explored all possible steps and documented all steps taken as described above, the program, in consultation with the parents, the child's Teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program works with such entities to directly facilitate the transition of the child to a more appropriate placement.
- 2.4 The Redding Rancheria recognizes that parental participation and support is required during this process, and without which, the child's continued enrollment could be jeopardized; further, the Redding Rancheria relies on the special education services provided by each child's public school district through the IEP process, and without which, the child's continued enrollment could be jeopardized. The Redding Rancheria cannot accept sole responsibility for meeting every child's special needs.

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Policy ID 221 (ERSEA) Change in Status

Related Regulations:	<i>1304.51 g</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Only when necessary		
Evaluation:	Completed Change in Status Form		
Forms:			
Former Policies:			

Performance Objective: Each program documents changes in children’s status.

1.0 Change in Status

1.1 Program Management and staff update the Electronic Data base and all other appropriate forms when:

- a) A child re-enrolls
- b) A child transfers from one class to another
- c) A child transfers from one site/center to another
- d) A child withdraws from the program
- e) A child’s legal name changes
- f) There is a change of address and/or telephone
- g) There is a change in the child’s custody status
- h) There is a change in a child’s health insurance or Medicaid information.

1.2 The data base and forms are updated within two business days of notice of change.

1.3 Hard copies of these changes are placed in child files.

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Policy ID 20008 (ERSEA) Policy on Fees

Related Regulations:	1302.18		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/16/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Only when necessary		
Evaluation:			
Forms:			
Former Policies:	EL 07 Fees- Head Start		

Performance Objective: The program does not charge any fees for participation in the program.

1.0 Policy on Fees

- 1.1 The program does not charge eligible families a fee to participate in Head Start/Early Head Start, including special events such as field trips, and does not in any way condition an eligible child's enrollment or participation in the program upon the payment of a fee.
- 1.2 The program does not require parents to provide diapers for their children.

2.0 Allowable Fees

- 2.1 The program only accepts a fee from families of enrolled children for services that are in addition to services funded by Head Start/Early Head Start, such as child care before or after funded Head Start/Early Head Start hours.
 - a) The program does not condition a Head Start/Early Head Start child's enrollment on the ability to pay a fee for additional hours.
- 2.2 In order to support programs serving children from diverse economic backgrounds or using multiple funding sources, the program may charge fees to private pay families and other non-Head Start/Early Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.

3.0 Voluntary Payment

- 3.1 If the family of an enrolled child volunteers to pay part of all of the cost of the child's participation, the program may accept the volunteer payments and records the payments as program income.

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Policy ID 216 (ERSEA) Intake and Record-Keeping Systems

Related Regulations:	<i>1305.5 a-b; 1304.51 g</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Children are placed in centers appropriate to the family's needs. All applications are documented in the electronic record-keeping system.		
Forms:			
Former Policies	EL05 Enrollment and Vacancies		

Performance Objective: The Intake and Record-Keeping system ensures that recruitment, enrollment, and placement of children from the initial *Head Start Pre-Application/Eligibility Verification Form*, is documented within the electronic record-keeping system, and that all eligible children are placed in appropriate program options.

1.0 Intake and Record-Keeping Systems

- 1.1 Primary data entry and file maintenance is the responsibility of program Administrative Assistant, or any staff assigned by delegate agencies for the purpose of maintaining the files.
- 1.2 When a parent expresses interest in enrolling his or her child in Head Start/Early Head Start, the Administrative Assistant and or ERSEA staff process the Head Start Pre-Application Packet and creates an electronic record in the Enrollment Pool.
- 1.3 When Pre-application is approved for enrollment, the Administrative Assistant and/or staff designated by the program input data from all Packets into the electronic record-keeping system within 5 business days of receipt.
- 1.4 Any program staff person taking calls for enrollment enters all pertinent data (family information, child information, priority score) into the electronic record-keeping system.
- 1.5 Program Administrative Assistant and/ or ERSEA staff:
 - a) Review the application for accuracy and completion
 - b) Assign the child to a classroom
 - c) Notify the appropriate center staff either by e-mail or phone call of the assignment made, so that site staff may follow up.
- 1.6 The Program Manager reviews and monitors recruitment, enrollment, placement, and Enrollment Pool data through the electronic record-keeping system.

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Policy ID 217 (ERSEA) Electronic Record-Keeping System Data Entry

Related Regulations:	<i>1304.51 g</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies			

Performance Objective: All Head Start/Early Head Start programs use the electronic record-keeping and reporting system that updates, sorts, and retrieves program data records, in accordance with Confidentiality policies. It is vital that this information be kept current.

1.0 Electronic Record-Keeping System Data Entry

1.1 The Program Manager or designated staff enter family information in the electronic record-keeping system from the Application Packet.

1.2 Once entered, Administrative Assistant and ERSEA staff create the hard copy Child File Binder.

1.3 The Administrative Assistant / ERSEA enter information on all fields of all pages of the application within five working days of receiving the complete application packet.

a) The following information is entered within two working days of receiving the information:

- i) Immunizations
- ii) Health
- iii) Disability
- iv) Pregnancy
- v) Birth History
- vi) Family Services Events
- vii) Required Health Events
- viii) Family Partnership Agreement

b) The following information is entered daily:

- i) Absence/ Tardy NOTES
- ii) Accident Report NOTES

1.4 Teaching staff shall enter child education information within three working days of completing each educational process/event. (home visit, parent conference, goal achieved, etc.)

1.5 Health and Disabilities staff shall enter mental health data, IEP data, Health information within three working days of receiving the information.

1.6 Parent and Community Partnership staff shall enter parent communications, home visits, partnership agreements and updates, community partnerships within three working days of receiving the information.

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Policy ID 218 (ERSEA) RR-Child Care Eligibility and Enrollment

Related Regulations:	<i>CCDF Child Care Plan Preprint</i>		
Revised by:	Hannah Hughes, Program Manager	Revision Date:	4/23/2024
Approved by:	Executive Team	Approval Date:	06/03/2024
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL09 Child Care Eligibility		

Performance Objective: The program establishes selection criteria annually for the prioritization of selection of participants. The program maintains its funded enrollment level and fills any vacancy as soon as possible.

1. Parents must first confirm eligibility for Child Care. This includes:
 - a) Income verification or sworn statement
 - b) Verification of parent(s) work schedule
 - c) Age verification or statement
 - d) Native American verification
 - e) Statement of family size.

Once received, staff review and confirm child's eligibility. The family is then offered the opportunity to complete the enrollment process.

2. Child Care staff review this information and confirm the families Child Care Eligibility. Parents must complete/provide the following ENROLLMENT PACKET PRIOR to their child entering the Head Start or Child Care classroom. These items must be received within two weeks of enrollment offer or the child will be dropped from enrollment and placed back in the enrollment pool. Parents/guardians must return:
 - a. Completed Enrollment Packet, all pages returned
 - b. Completed Health Packet, all pages returned
 - c. Child's most recent CHDP/ Well Child physical exam (including TB and Lead tests)
 - d. Copy of child's most recent Immunization history (must be up to date – See Policy #310 Immunizations)

Upon receipt of these items, the child may begin attending class.

3. All vacancies are filled from the enrollment pool by the highest score, based on the current Child Care Plan Preprint. Higher scores are awarded to those with disabilities, in foster care, those with lower income, or homeless.
4. All children eligible for the preschool program must be three years old by September 1st. When children reach kindergarten age, they must transition to public school programs unless supported by appropriate IEP.

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5. All children eligible for the infant/ toddler program must turn one years old by September 1st of the enrolling school year and three years old after September 1st. Those who turn three before September 1st are eligible for our preschool program.
6. Students enrolled in the infant/toddler program who turn 3 before September 1st of the following school year will have priority enrollment in the preschool classroom.
7. Native American children are enrolled before non-native children.
8. All Child Care vacancies are for Full Time / 5 days a week enrollment.
9. The tribal childcare program has the ability to enroll Redding Rancheria Tribal Member children who, do to their age, do not qualify for Head Start at the time of enrollment regardless of their parents ability to meet the guidelines to qualify for childcare. During enrollment of the following school year these children who now meet the age requirement for Head Start will move to that classroom.
10. These enrolled students will be considered 'private pay' and charged the half-day amount as they will be expected to be picked up before naptime.
11. The childcare program will retain 10% of their enrollment spots for tribal member children who meet these qualifications.
12. All enrollment is based on grant budget funding and is subject to change.
13. For sliding scale fees, the following must be confirmed:
 - Does the family meet the eligibility requirements?
 - Is the child Native American, and is able to document?
 - Are the parents employed a minimum of 25 hours per week or going to school full time and able to document?
 - Does the family income fall within the current income scale?
14. Is the family eligible for other child care subsidies? (these other funding sources must be explored and utilized prior to expending Redding Rancheria grant funds.)
15. Staff will obtain and maintain these records in the child's file.
16. When the Eligibility application is complete and the child is enrolled, the family is entered into the Center's data base and a Notice of Decision is generated which specifies funding, dates, reason for eligibility, parent fees and parent acknowledgement.
17. All programs of the Redding Rancheria undergo annual independent audit.

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18. Head Start and Child Care staff shall sign each child's Eligibility Verification, and attach the documents used to reach that decision. Staff who purposefully falsify records shall be subject to the Tribe's disciplinary actions. See Personnel Policy #115, CODE OF CONDUCT and #400 CORRECTIVCE ACTION. Employees suspected of purposely violating ERSEA guidelines shall be immediately removed from Eligibility determination, and may face disciplinary action including suspension and/or termination.

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Policy ID 219 (ERSEA) RR-Reducing Tardiness, Late Pickup

Related Regulations:	1302.16		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/02/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	02/02/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL06: Enrollment Agreement; EL08 Reducing Late Pickup/Tardiness		

Performance Objective: The program establishes Procedures to encourage prompt arrival and departure of students.

- 1) Those parents wishing their child to eat the first meal (breakfast or lunch), are requested to arrive within 20 minutes of the stated class start time
- 2) Children arriving later than 30 minutes after the start of class are considered tardy, and a phone call to the school office is required.
- 3) Learning centers, group time, child assessments, special services, etc. begin one half hour after the class start time
- 4) Children arriving late create an interruption to the group's activities, and are missing out on important group time.
- 5) The importance of timely arrival is included in the Parent Enrollment Agreement and in the Parent Handbook.
- 7) More than four tardies will result in a follow-up conference with teachers, other staff and parents to assist in addressing the cause for repeated tardiness.
- 8) Likewise parents are expected to arrive no later than the Head Start or Child Care program's stated closing time, after which they are considered late, and a late fee will apply.
- 9) Head Start AM and PM parents are expected to arrive by the stated close of class. Since teachers and staff are immediately busy with other duties, there is no grace period. Repeated tardiness in pickup from Head Start will trigger parent conference to problem solve.
- 10) The Center closes at 5:15; there is no grace period. After 5:315, parents are considered late, and are charged \$10.00 per any part of 15 minutes. Example, if you arrive at 5:30 PM, you will be accessed a \$10.00 late fee; if you arrive at 5:55, the late fee is \$20.00, etc..
- 11) **If you have not arrived by 6:30 PM and the staff cannot reach you or anyone on your pick up list, the Redding Rancheria Children and Family Services will be called.**
- 12) If you are late on more than three occasions in one month, your late fees are doubled, and you may be suspended from the program.
- 13) All late charges must be paid within 5 days or you will be subject to suspension.
- 14) Chronic and severe tardiness or late pick up may jeopardize the child's eligibility for Head Start or Child Care programs.

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Policy ID 220 (ERSEA) RR-Child Care Parent Agreement

Related Regulations:	<i>CCDF Child Care Plan Preprint</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL09 Child Care Eligibility		

Performance Objective: The program establishes policies and procedures for the enrollment of children. Parents in the Child Care Program must sign the following agreement:

1. The undersigned authorizes the Redding Rancheria Child Care Program to:
 - (a) Contact employers or take other steps to verify statements as to income, earnings and employment.
 - (b) Contact school, college or training program for verification.
 - (c) Share information with other funding agencies; SCOE, TANF, Cal Works etc.
2. If eligibility is to be based on illness or incapacity of parent, the undersigned hereby agrees to furnish the Redding Rancheria Child Care Program verification of incapacity from a physician or psychiatrist.
3. The undersigned understands that the acceptance of child (ren) is tentative, pending the verification of this application, and that notification of acceptance or denial will be given.
4. The undersigned agrees to give the provider and The Redding Rancheria Child Care Program the name, address and telephone numbers of:
 - (a) Person(s) authorized to take child from the place of care.
 - (b) Person(s) who are authorized to assume responsibility for the child in an emergency, if the parent cannot be reached immediately.
 - (c) Physician to be called in an emergency.
5. The undersigned understands that the child (ren) must be signed in and out daily at the place of care and should the child be absent, the reason shall be noted on the sign-in and sign-out time sheet.
6. The undersigned understands that the weekly parent fee is payable to provider on a prompt basis and that parent fees in arrears will result in suspension or termination.
7. It is further agreed that a new application will be completed whenever the family status or income changes. If such changes are not in accordance with the eligibility requirements, it is understood that the child care services may be terminated. Any change in family status or employment shall be reported immediately.
8. Parents understand that they may have unlimited access to their child in the Child Care Provider's program.

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Policy ID 221 (ERSEA) RR-Child Care Fee Payment

Related Regulations:	<i>CCDF Child Care Plan Preprint</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL012 Child Care Fee Payment		

Performance Objective: The program establishes policies and procedures for the enrollment of children

1. The monthly parent fee is determined during intake; fees remain unchanged for absences, holidays, planned and unplanned school closures. Parents are not charged for the two week winter break. Parents receive notice of their recurring monthly fee.
2. Child Care fees may be altered downward if there is a change in parent circumstance; reduction in hours, pay cut, etc. Parents are informed of this option during intake. Fees may be adjusted down, but are not adjusted up.
3. Child care fees are to be paid in advance, but fees **must** be paid during the week in question, or their account balance is considered "late." Note: child care fees will be considered late if not received by **Friday of the previous week**.
4. Parents who have missed a weekly payment must make immediate arrangements to pay not only the week that is late, but the current month's charges as well. The family's child care is suspended; payment must be received before children may attend.
5. After two weeks suspension, those parents who still have not brought their account to zero will be dropped from the program, and the process of fee collections will begin.
6. The Child Care Program Manager and/ or the Administrative Assistant is responsible for the proper implementation and documentation of this procedure.

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Policy ID 222 (ERSEA) RR- Eligibility Waiver

Related Regulations:	<i>CCDF Child Care Plan Pre-Print</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL11 Child Care Eligibility Waiver; Child Care Plan Pre-print		

Performance Objective: The program establishes policies and procedures for the enrollment of children

The Child Care Program Manager shall be authorized to waive eligibility requirements on a case by case, month by month basis. "Best Interest of the Child" eligibility is applied only as a temporary basis, not to exceed three months.

Examples of how this might be used are:

1. A family emergency dictates the need for immediate child care, but the parents are unable to provide necessary documentation. Temporary Child Care could be authorized on a month to month basis.
2. Staff knows for a certainty that a child is eligible, but again there is a paperwork hold up. Temporary Child Care could be authorized on a month to month basis.
3. The Redding Rancheria Head Start is unable to provide transportation to a Head Start child and parents cannot arrive until later in the afternoon. For such children, child care shall be approved.
4. A family may be undergoing a crisis and the best solution is for the child's safety and mental health is to remain in full day care.

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Policy ID 223 (ERSEA) RR- Drop In Child Care

Related Regulations:	<i>CCDF Child Care Plan Pre-Print</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	EL11 Child Care Eligibility Waiver; Child Care Plan Pre-print		

Performance Objective: The program establishes policies and procedures for the enrollment of children

- 1) Drop in Child Care is available on an “event” basis only, and is for children ages 12 and under. Older children (ages 13 and over) are not allowed in Head Start building during the event or member meetings, nor are they to be on the playground.
- 2) All parents or authorized adult will complete a short form stating any food allergies, contact information, etc.
- 3) Parents or other authorized adults are to accompany their child into the building and sign them in. No one other than the parents or authorized adult may sign them out.
- 4) Parents or other authorized adults are requested to PROMPTLY pick up their child after the member meeting or event has concluded.
- 5) This baby-sitting is for participants to attend the Tribal Member meeting or event only; not for parents to run other errands, etc.
- 6) In case of emergency, the child care staff must be able to easily reach the parents
- 7) Parents will provide diapers, bottles, extra clothes etc. for infants and toddlers.
- 8) For events sponsored by the tribe, any costs involved are charged back to that department line, including salaries and benefits.
- 9) All others pay the hourly established rate.

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Policy ID 224 (ERSEA) RR- Minimum Attendance

Related Regulations:	<i>CCDF Child Care Plan Pre-Print</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	Child Care Plan Preprint		

Performance Objective: The program establishes policies and procedures for the enrollment of children

1. The Redding Rancheria Head Start and Child Care program observes the same program closures as the Redding Rancheria Tribal Offices, with the exception of additional planned monthly Staff Development Days, which are approved for mandatory staff training.
2. During Holidays, Winter Break, Spring Break, etc., attendance often plummets. Staff will contact parents prior to the holiday to determine their child care needs.
3. If fewer than five (5) children are planning to attend during the holiday, the Head Start and Child Care Program Manager has been given the authority to temporarily close the program. **Parents will be given at least a week's notice of any temporary program closure.**
4. If the temporary program closure is five days or more, it will be considered a temporary lay-off. Staff are not paid for this time off, and may use vacation time to cover those days off.

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Policy ID 225 (ERSEA) RR- Definition of Income

Related Regulations:	1302.12 ; Act 645 a 2; <i>CCDF Child Care Plan Pre-Print</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Information retrieved from the electronic record-keeping system		
Forms:			
Former Policies	Child Care Plan Preprint		

Performance Objective: The program establishes policies and procedures for the enrollment of children

Income means total cash receipts before taxes from all sources, with the exceptions noted below. Income includes money wages or salary before deductions; net income from non-farm self-employment; net income from farm self-employment; regular payments from Social Security or railroad retirement; payments from unemployment compensation, strike benefits from union funds, workers' compensation, veterans benefits (with the exception noted below), public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, Emergency Assistance money payments, and non-Federally funded General Assistance or General Relief money payments); training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.

As defined here, income does not include capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; food or housing received in lieu of wages; the value of food and fuel produced and consumed on farms; the imputed value of rent from owner-occupied non-farm or farm housing; and such Federal noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance, and certain disability payments made to disabled children of Vietnam veterans as prescribed by the Secretary of Veterans Affairs.

The period of time to be considered for eligibility is the twelve months immediately preceding the month in which application or reapplication for enrollment of a child in a Head Start program is made, or for the calendar year immediately preceding the calendar year in which the application or reapplication is made, whichever more accurately reflects the family's current needs.

Head Start Program Definition of Income.ACYF-IM-HS-05-01. DHHS/ACF/ACYF/HSB. 2005. English.

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1302 Subpart B - Program Structure

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Policy ID 30000 (PS) Determining Program Structure

Related Regulations:	1302.20 ; Act 645 a 5 A-D		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Based on community assessment		
Evaluation:			
Forms:			
Former Policies:	TP8-0209 (AD02) Center-based Program Option		

Performance Objective: The program operates program options that meet the needs of children and families.

1.0 Determining Program Structure

1.1 The program chooses to operate one or more of the following program options: center-based, home-based, family child care, or an approved locally-designed variation (see §1302.24).

a) The program option(s) chosen meet the needs of children and families based on the community assessment described (§1302.11 b).

b) When the program serves preschool-aged children, the program provides more options than the home-based option alone.

1.2 In choosing program options and developing a program calendar, the program considers in conjunction with the annual review of the community assessment whether it would better meet child and family needs through:

a) conversion of existing slots to full school day or full working day slots,

b) extending the program year,

c) conversion of existing Head Start slots to Early Head Start slots as (see 1302.20 c), and

d) ways to promote continuity of care and services.

e) The program works to identify alternate sources to support full working day services.

i) If no additional funding is available, program resources may be used.

2.0 Comprehensive Services

2.1 All program options deliver the full range of services (as described in subparts C, D, E, F, and G of the Head Start Performance Standards, except that §§1302.30 through 1302.32 and §1302.34 do not apply to home-based options).

3.0 Conversion of Slots

3.1 Consistent with section 645 a 5 of the Head Start Act, the Grantee may request to convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment.

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a) Upon written request and pursuant to the requirements, the Head Start agency may use funds that were awarded to serve children age 3 to compulsory school age, in order to serve infants and toddlers if the agency submits an application to the Secretary of HHS containing, as specified in rules issued by the Secretary of HHS, all of the following information:

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- i) The amount of such funds that are proposed to be used in accordance with section 645A b.
 - ii) A communitywide strategic planning and needs assessment demonstrating how the use of such funds would best meet the needs of the community.
 - iii) A description of how the needs of pregnant women, and of infants and toddlers, will be addressed in accordance with section 645A b, and with regulations prescribed by the Secretary of HHS pursuant to section 641A in areas including the agency's approach to child development and provision of health services, approach to family and community partnerships, and approach to program design and management.
 - iv) A description of how the needs of eligible children will be met in the community.
 - v) Assurances that the agency will participate in technical assistance activities (including planning, start-up site visits, and national training activities) in the same manner as recipients of grants under section 645A.
 - vi) Evidence that the agency meets the same eligibility criteria as recipients of grants under section 645A.
- b) An application that satisfies the requirements specified shall be approved by the Secretary of HHS unless the Secretary finds that—
- i) the agency lacks adequate capacity and capability to carry out an effective Early Head Start program; or
 - ii) the information provided is inadequate.
- c) In approving such applications, the Secretary shall take into account the costs of serving persons under section 645A.
- d) If the application is approved, the Head Start agency shall be considered to be an Early Head Start agency and is subject to the same rules, regulations, and conditions as apply to recipients of grants under section 645A, with respect to activities carried out under these requirements.

3.2 When proposing a conversion of Head Start services to Early Head Start services, the Grantee must obtain policy council and governing body approval and submit the request to the regional office.

3.3 The request to the regional office must include:

- a) A grant application budget and a budget narrative that clearly identifies the funding amount for the Head Start and Early Head Start programs before and after the proposed conversion;
- b) The results of the community assessment demonstrating how the proposed use of funds would best meet the needs of the community, including a description of how the needs of eligible Head Start children will be met in the community when the conversion takes places;
- c) A revised program schedule that describes the program option(s) and the number of funded enrollment slots for Head Start and Early Head Start programs before and after the proposed conversion;
- d) A description of how the needs of pregnant women, infants, and toddlers will be addressed;
- e) A discussion of the agency's capacity to carry out an effective Early Head Start program in accordance with the requirements of section 645A(b) of the Head Start Act and all applicable regulations;
- f) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grantees;
- g) A discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded Early Head Start program;
- h) A discussion of any one-time funding necessary to implement the proposed conversion and how the agency intends to secure such funding; and,

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i) The proposed timetable for implementing this conversion, including updating school readiness goals as described in subpart J.

4.0 Source of Funding

4.1 The program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purposes of meeting the Head Start and Early Head Start service duration requirements.

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Policy ID 30001 (PS) Center-Based Options

Related Regulations:	1302.21		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Throughout program year		
Evaluation:			
Forms:			
Former Policies	TP8-0209 (AD02) Center-based program option; FC 01 Physical Environment and Facilities		

Performance Objective: The program provides center-based options in accordance with the requirements.

1.0 Center-Based Options

1.1 Setting, The center-based option delivers the full range of services, consistent with §1302.20 b.

- a) Education and child development services are delivered primarily in classroom settings.

2.0 Ratios and Group Size

2.1 Staff: child ratios and group size maximums are determined by the age of the majority of children and the needs of children present.

- a) The program determines the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary.

- i) Where state or local licensing requirements are more stringent than the Teacher: Child ratios and group size specifications in the requirements, the program meets the stricter requirements.

- b) The program maintains appropriate ratios during all hours of program operation, except:

- i) For brief absences of a teaching staff member for no more than five minutes; and,

- ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age.

2.2 An Early Head Start class that serves children under 36 months old has two teachers with no more than eight children, or three teachers with no more than nine children.

- a) Each teacher is assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children.

- b) The program minimizes teacher changes throughout a child's enrollment, whenever possible, and considers mixed age group classes to support continuity of care.

2.3 A class that serves a majority of children who are three years old has no more than 17 children with a teacher and teaching assistant or two teachers.

- a) A double session class that serves a majority of children who are three years old has no more than 15 children with a teacher and teaching assistant or two teachers.

2.4 A class that serves a majority of children who are four and five years old has no more than 20 children with a teacher and a teaching assistant or two teachers.

- a) A double session class that serves a majority of children who are four and five years old has no more than 17 children with a teacher and a teaching assistant or two teachers.

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Table to §1302.21 b — Center-based group size	
4 and 5 year olds	No more than 20 children enrolled in any class. No more than 17 children enrolled in any double session class.
3 year olds	No more than 17 children enrolled in any class. No more than 15 children enrolled in any double session class.
Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.

3.0 Service Duration

3.1 By August 1, 2018, the Early Head Start program must provide 1,380 annual hours of planned class operations for all enrolled children.

a) To meet the needs of young parents enrolled in school settings, the program meets the same service duration requirement as it operates a center-based program schedule during the school year aligned with the local education agency requirements and provides regular home-based services during the summer break.

3.2 Until the Head Start program is operating all of its Head Start center-based funded enrollment (1302.21 c 2 iv or v), the program provides, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week.

a) Classes operate for a minimum of 3.5 hours per day.

b) when the program operates a double session variation, it provides classes for four days per week for a minimum of 128 days per year and 3.5 hours per day.

i) Each double session class staff member is provided adequate break time during the course of the day.

ii) In addition, teachers, aides, and volunteers have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center.

c) By August 1, 2019, the program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 50 percent of its Head Start center-based funded enrollment.**

d) By August 1, 2021, the program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for all of its Head Start center-based funded enrollment.** The Redding Rancheria has applied for a Locally Designed Option – to operate 180 days @ 4 hours per day = 720 hours per year for 100% of enrolled students.

e) When providing fewer than 1,020 annual hours of planned class operations or fewer than eight months of service, the Head Start program is considered to meet the requirements (1302.21 c 2 iii and iv) if the program schedule aligns with the annual hours required by the local education agency for grade one and such alignment is necessary to support partnerships for service delivery.

4.0 Secretarial Determination

4.1 On or before February 1, 2018, the Secretary of HHS may lower the required percentage described in 1302.21 c 2 iii based on an assessment of the availability of sufficient funding to mitigate a substantial reduction in funded enrollment; and,

4.2 On or before February 1, 2020, the Secretary of HHS may lower the required percentage described in 1302.21 c 2 iv based on an assessment of the availability of sufficient funding to mitigate a substantial reduction in funded enrollment.

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5.0 Extension

5.1 If an extension is necessary to ensure children enrolled in the program on 11/05/2016 [date 60 days after date of publication in the Federal Register] are not displaced from the Early Head Start or Head Start program, the program may request a one-year extension from the responsible HHS official of the requirements (1302.21 c 1 and 1302.21 c 2 iii).

6.0 Calendar Planning

6.1 The program:

a) Plans its year using a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather; and,

b) Makes every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.

7.0 Licensing and Square Footage Requirements

7.1 The facilities used by the program meet state, tribal, or local licensing requirements, even if exempted by the licensing entity.

a) When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.

7.2 Center-based program have at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.

7.3 When operating with two or more groups within an area, the program ensures clearly defined, safe divisions to separate groups.

a) The program ensures such spaces are learning environments that facilitate the implementation of the requirements in 1302.30-1302.36.

i) The divisions limit noise transfer from one group to another to prevent disruption of an effective learning environment.

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Policy ID 30004 (PS) Locally Designed Program Option Variation

Related Regulations:	1302.24; Act 640 k 1 A-C; §1302.21 c 2 i and ii		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Based on community assessment		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program may request to operate a locally designed program option in accordance with the requirements.

1.0 Locally Designed Program Option Variation: Waiver Option

1.1 The program may request to operate a locally-designed program option, including a combination of program options, to better meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services.

a) In order to operate a locally-designed program option, the program must seek a waiver as described 1302.24 c and must deliver the full range of services, consistent with §1302.20 b, and demonstrate how any change to their program design is consistent with achieving program goals in 1302.100-1302.103.

2.0 Locally Designed Program Option Variation: Request for Approval

2.1 The program’s request to operate a locally-designed variation may be approved by the responsible HHS official through the end of the program’s current grant or, if the request is submitted through a grant application for an upcoming project period, for the project period of the new award.

a) Such approval may be revoked based on progress toward program goals as described in §1302.102 (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)) and monitoring as described in §1304.2.

3.0 Locally Designed Program Option Variation: Waiver Requirements

3.1 The responsible HHS official may waive one or more of the requirements contained in §1302.21 b, c 1 i, and c 2 iii and iv; §1302.22 a through c; and §1302.23 b and c, but may not waive ratios or group size for children under 24 months.

a) Center-based locally-designed options must meet these minimums:
i) do not provide less than 3 hours of service per day;
ii) do not reduce the number of days of service per week; or
iii) do not reduce the number of days of service per year.

b) If the responsible HHS official determines a waiver of group size for center-based services would better meet the needs of children and families in a community, the group size may not exceed the limits below:
i) A group that serves children 24 to 36 months of age must have no more than ten children; and,
ii) A group that serves predominantly three-year-old children must have no more than twenty children; and,

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iii) A group that serves predominantly four-year-old children must have no more than twenty-four children.

c) If the responsible HHS official approves a waiver to allow the program to operate below the minimums described in §1302.21 c 2 iii or iv, the program must meet these requirements:

i) Until a program is operating all of its Head Start center-based funded enrollment at the standard described in 1302.21 c 2 iv or v, the program must provide, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week; and classes must operate for a minimum of 3.5 hours per day.

ii) For double session variation, the program must also meet these requirements:

A) Until the program is operating all of its Head Start center-based funded enrollment at the standard described in 1302.21 c 2 iv or v, and if operating a double session variation, the program must provide classes for four days per week for a minimum of 128 days per year and 3.5 hours per day.

1) Each double session class staff member must be provided adequate break time during the course of the day.

2) In addition, teachers, aides, and volunteers must have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center.

3.2 In order to receive a waiver under this section, the program must provide supporting evidence that demonstrates the locally-designed variation effectively supports appropriate development and progress in children’s early learning outcomes.

3.3 In order to receive a waiver of service duration, the program must meet the requirement in 1302.24 c 4, provide supporting evidence that it better meets the needs of parents than the applicable service duration minimums (shown below), and assess the effectiveness of the variation in supporting appropriate development and progress in children’s early learning outcomes.

a) These requirements include:

1304.24	Locally-designed program option variations
1304.24 c	Waiver requirements.
1304.24 c 4	In order to receive a waiver under this section, a program must provide supporting evidence that demonstrates the locally-designed variation effectively supports appropriate development and progress in children’s early learning outcomes.
1302.21	Center-based option.
1302.21 c	Service duration
1302.21 c 1	Early Head Start.
1302.21 c 1 i	By August 1, 2018, a program must provide 1,380 annual hours of planned class operations for all enrolled children.
1302.21 c 1 ii	A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (c)(1)(i) of this section if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer break.
1302.21 c 2	Head Start.
1302.21 c 2 iii	By August 1, 2019, a program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 50 percent of its Head Start center-based funded enrollment.
1302.21 c 2 iv	By August 1, 2021, a program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for all of its Head Start center-based funded enrollment.
1302.22	Home-based option.
1302.22 c	Service duration
1302.22 c 1	Early Head Start. By August 1, 2017, an Early Head Start home based program must:
1302.22 c 1 i	Provide one home visit per week per family that lasts at least an hour and a half and provide a

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	minimum of 46 visits per year; and,
1302.22 c 1 ii	Provide, at a minimum, 22 group socialization activities distributed over the course of the program year.
1302.22 c 2	Head Start. A Head Start home-based program must:
1302.22 c 2 i	Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 32 visits per year; and,
1302.22 c 2 ii	Provide, at a minimum, 16 group socialization activities distributed over the course of the program year.
1302.22 c 3	Meeting minimum requirements. A program that implements a home-based option must:
1302.22 c 3 i	Make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up planned home visits canceled by the family, when this is necessary to meet the minimums described in paragraphs (c)(1) and (2) of this section; and,
1302.22 c 3 ii	Not replace home visits or scheduled group socialization activities for medical or social service appointments for the purposes of meeting the minimum requirements described in paragraphs (c)(1) and (2) of this section.
1302.23	Family Child Care Option
1302.23 c	Service duration. Whether family child care option services are provided directly or via contractual arrangement, a program must ensure family child care providers operate sufficient hours to meet the child care needs of families and not less than 1,380 hours per year.

4.0 Transition from Previously Approved Program Options

4.1 If, before <11/5/2016> [date 60 days after date of publication in the Federal Register], the program was approved to operate a program option that is no longer allowable under §§1302.21 through 1302.23, the program may continue to operate that model until July 31, 2018.

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**1302 Subpart C - Education and Child
Development Program Services (ECD)**

**Redding Rancheria Head Start and
Policies and Procedures**

Policy ID 40001 (ECD) Teaching and the Learning Environment

Related Regulations:	1302.31		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:			
Other Policies	ED 02 Child Development and Approach; ED 03 Approach for Preschoolers		

Performance Objective: As a general education setting, the program ensures Teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children’s skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities.

1.0 Teaching and the Learning Environment

1.1 The center-based and family child care program ensures Teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children’s skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities.

a) The program also supports implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate (see 1302.31 b-e).

2.0 Effective Teaching Practices

2.1 The program ensures that teaching practices:

- a) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security;
- b) are communication and language rich;
- c) promote critical thinking and problem-solving;
- d) promote social, emotional, behavioral, and language development;
- e) provide supportive feedback for learning;
- f) motivate continued effort; and
- g) support all children’s engagement in learning experiences and activities; and
- h) focus on promoting growth in the developmental progressions described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child’s individual pattern of development and learning;

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- i) Integrate child assessment data in individual and group planning; and,
- j) Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five.

2.2 For dual language learners, the program recognizes bilingualism and biliteracy as strengths and implements research-based teaching practices that support their development. These practices:

- a) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;
- b) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,
- c) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies.
 - i) The programs works to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.

3.0 The Learning Environment

3.1 The program ensures Teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:

- a) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,
- b) For preschool age children, include Teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.

4.0 Materials and Space for Learning

4.1 To support implementation of the curriculum and the requirements (1302.31 a, b, c and e) the program provides age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space.

- a) The equipment, materials and supplies include any necessary accommodations and the space is accessible to children with disabilities.
- b) The program changes materials intentionally and periodically to support children's interests, development, and learning.

5.0 Promoting Learning through Approaches To Rest, Meals, Routines, and Physical Activity

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- 5.1 The program implements an intentional, age-appropriate approach to accommodate children's need to nap or rest, and that for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap.
- a) The program provides alternative quiet learning activities for children who do not need or want to rest or nap.
- 5.2 The program implements snack and meal times in ways that support development and learning.
- a) For bottle-fed infants, this approach includes holding infants during feeding to support socialization.
 - b) Snack and meal times are structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization.
 - c) The program utilizes family style meals as developmentally appropriate.
 - d) The program provides sufficient time for children to eat.
 - e) The program does not allow the use of food as reward or punishment.
 - f) The program encourages children to try foods but does not forces children to finish their food.
- 5.3 The program approaches routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.
- 5.4 The program recognizes physical activity as important to learning and integrates intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning.
- a) The program does not use physical activity as reward or punishment.

**Redding Rancheria Head Start and
Policies and Procedures**

Policy ID 40002 (ECD) Curricula

Related Regulations:	1302.32		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:	Lesson plans		
Forms:			
Former Policies	ED 03 Education Approach for Preschoolers; ED10 Curriculum Tools		

Performance Objective: The program implements developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate.

1.1 Curricula

1.1 The center-based and family child care programs implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:

- a) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;
- b) Are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and, as appropriate, state early learning and development standards;
 - i) and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,
- c) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

1.2 The program supports staff to effectively implement curricula and at a minimum monitors curriculum implementation and fidelity, and provides support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

1.3 The program may choose to make significant adaptations to a curriculum or a curriculum enhancement described in 1302.32 a 1 to better meet the needs of one or more specific populations.

- a) The program must use an external early childhood education curriculum or content area expert to develop such significant adaptations.
- b) The program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in §1302.102 b and c (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)).
- c) Program partnering with outside evaluators in assessing such adaptations is encouraged.

**Redding Rancheria Head Start and
Policies and Procedures**

Policy ID 40003 (ECD) Child Screenings and Assessment

Related Regulations:	1302.33; 29 U.S.C. section 705(9)(b) of the Rehabilitation Act		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:	Screenings and assessments, electronic record-keeping system		
Forms:			
Former Policies:	ED09 Individualization System; DS01 Disabilities Service Plan		

Performance Objective: The program completes or obtains current developmental screenings to identify concerns.

1.0 Child Screenings and Assessments

1.1 In collaboration with each child’s parent and with parental consent, the program completes or obtains a current developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit.

a) If the program operates for 90 days or less, it completes or obtains a current developmental screening within 30 calendar days of when the child first attends the program.

1.2 The program uses one or more research-based developmental standardized screening tools to complete the screening.

a) The program uses as part of the screening additional information from family members, teachers, and relevant staff familiar with the child’s typical behavior.

1.3 If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional, the program, with the parent’s consent, promptly and appropriately addresses any needs identified through:

a) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child’s eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,

b) Partnership with the child’s parents and the relevant local agency to support families through the formal evaluation process.

1.4 If a child is determined to be eligible for services under IDEA, the program partners with parents and the local agency responsible for implementing IDEA, as appropriate, and delivers the services in 1302.60-1302.63.

1.5 If, after the formal evaluation (of 1302.33 a 3 i), the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program:

a) Seeks guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child’s development and school readiness; and,

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b) If the child has a significant delay, partners with parents to help the family access services and supports to help address the child's identified needs.

i) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability (29 U.S.C. section 705(9)(b) of the Rehabilitation Act) to ensure that the child who satisfies the above definition of disability is not excluded from the program on the basis of disability.

(1) DISABILITY The term "disability" means, with respect to an individual—
(A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
(B) a record of such an impairment; or
(C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major life activities

(A) In general. For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

(B) Major bodily functions. For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment For purposes of paragraph (1)(C):

(A) An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

(B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

c) The program may use program funds for such services and supports when no other sources of funding are available.

2.0 Assessment for Individualization

2.1 The program conducts standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five.

a) Such assessments must result in usable information for Teachers, other Head Start staff, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

2.2 The program regularly uses assessment for individualization information (1302.33 b 1) along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.

2.3 If warranted from the information gathered from the above (1302.33 b 1 and 2) and with direct guidance from a mental health or child development professional and a parent's consent, the program refers the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.

3.0 Characteristics of Screenings and Assessments

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- 3.1 Screenings and assessments used are valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.
- 3.2 When the program serves a child who speaks a language other than English, it uses qualified bilingual staff, contractor, or consultant to:
- a) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;
 - b) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,
 - c) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.
- 3.3 When the program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, the program uses an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in 1302.33 c 2 i-iii.
- 3.4 When the program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English.
- a) In such a case, the program also gathers and uses other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

4.0 Prohibitions on Use of Screening and Assessment Data

- 4.1 The use of screening and assessment items and data on any screening or assessment authorized under 1302.33 by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff.
- a) The program does not use screening or assessments to exclude children from enrollment or participation.

**Redding Rancheria Head Start and
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Policy ID 4003A (EECD) Developmental & Social-Emotional Screening

Related Regulations:	<i>1304.20 b 1, 1308.6</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Within the first 45 days of enrollment		
Evaluation:	Developmental and Social-Emotional Screening tool		
Forms:			
Former Policies:	ED06 Child Study Team		

Performance Objective: Within the first 45 days of enrollment, every child is screened for developmental competencies and social-emotional behaviors unless the child already has an active IFSP/IEP.

1.0 Teacher Access to Screening Results, IEPs, and IFSPs

- 1.1 Classroom Teaching staff have access to the screening results in the classroom for daily use.
- 1.2 Classroom Teaching staff have access to child’s IEP or IFSP in the classroom for daily use.

2.0 Developmental and Social-Emotional Screening

- 2.1 Classroom Teaching staff use the prescribed screening instrument *Ages & Stages Questionnaire (ASQ)* and the *Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)* to screen each child within the first 45 days of enrollment.
- 2.2 Designated staff enter the screening results into the electronic record-keeping system as soon as screening is completed.
- 2.3 Classroom Teaching staff complete the screening instrument by observing the children in the school setting as they engage in authentic activities and by collaborating with each child’s parent and recording their observations.
- 2.4 The screening results are used to individualize experiences for each child.
- 2.5 See [Policy ID 60003 \(HPS\) Child Health Status and Care](#).

3.0 Addressing Screening Concerns

- 3.1 For children who have identified concerns from their screening, and for children who cannot or will not be screened, programs follow their internal policies and procedures to make appropriate referrals (required) and follow-up actions.
- 3.2 The Health and Disabilities Coordinator, teachers or other designated staff document referral and follow-up actions in the child’s file.

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Policy ID 4003B (EECD) Ongoing Educational Assessment - Screening and Assessment Development Progress Toward Outcomes - Teaching Strategies GOLD (TS GOLD)

Related Regulations:	<i>1304.40 e 3; 1304.21 c 2; 1304.21 a 2 ii; 1304.20 b 1</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:	Educational assessment tool		
Forms:			
Former Policies	ED08 Outcomes Measurements		

Performance Objective: Each child is assessed using the ongoing educational assessment tool, *Teaching Strategies GOLD (TS GOLD)* for the purpose of supporting individual children and program outcomes. The results of the assessment are used to help scaffold children’s learning, to meet or exceed the domain areas, and to provide for individualization.

1.0 Ongoing Educational Assessment

- 1.1 Classroom Teaching staff trained in *TS GOLD* assess enrolled children during the Fall, Winter and Spring (and Summer for programs operating 12 months).
- 1.2 The Grantee refers programs to the *TS GOLD* Technical Manual.
- 1.3 The results are captured and stored in the computer software. At the end of the program year a hard copy is placed in the child’s file.
- 1.4 The programs use the results of this tool to keep track of the developmental growth of the child and make data driven decisions for program improvement.

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Policy ID 4003C (EECD) KRA-L (Kindergarten Readiness Assessment for Learning)

Related Regulations:	<i>Act 641A b</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:	Kindergarten Readiness report		
Forms:			
Former Policies:	ED08 Outcome Measurement o- School Readiness Goals		

Performance Objective: Each program documents progress in preparing children for kindergarten.

1.0 Shasta First Five Kindergarten Readiness Project Procedure

1.1 Programs collect completed Form: *Authorization to Release Information of Assessment Data Forms* for Shasta First Five at the time of enrollment for all four year olds as soon as possible in the school year.

2.0 Use of Data

2.1 The Mentor Teacher or designee submits the *Authorization to Release Information of Assessment Data Forms* to an First Five Shasta, who aggregates the data and provides a report.

2.2 The Mentor Teacher and Program Manager use the information for program planning and improvement.

3.0 Electronic Record-Keeping System

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Policy ID 4003D (EECD) Ongoing Assessment for Each Child

Related Regulations:	<i>1308.6 d; 1304.21 c 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	ongoing		
Evaluation:	Teaching Strategies GOLD (TS GOLD)		
Forms:			
Former Policies:	ED08 Outcome Measurements; ED09 Individualization System		

Performance Objective: Each child is assessed using the ongoing educational assessment tool, *Teaching Strategies GOLD* (TS GOLD) for the purpose of supporting individual children and program outcomes. The results of the assessment are used to help scaffold children’s learning, to meet or exceed the domain areas, and to provide for individualization.

1.0 Ongoing Educational Assessment for Each Child

- 1.1 Classroom Teaching staff trained in *TS GOLD* assess enrolled children during the Fall, Winter and Spring (and Summer for programs operating 12 months).
- 1.2 The Grantee refers programs to the TS GOLD Technical Manual.
- 1.3 The results are recorded and stored in the computer software.
 - a) At the end of the program year a hard copy is placed in the child’s file.
- 1.4 Each program uses the results of this tool to keep track of the developmental growth of the child and make data driven decisions for program improvement.

2.0 Classroom Teacher Responsibilities for Ongoing Educational Assessment for Each Child

- 2.1 Classroom Teaching staff use a variety of strategies to support children’s learning and development based on observations and ongoing assessments of each child.
- 2.2 Classroom Teaching staff conduct child assessments as an integral part of the program to support children’s learning.
 - a) They use a variety of methods including: observations, checklists and running records/ anecdotal notes.
- 2.3 The Health and Disabilities Coordinator works with the Mentor teacher and classroom teachers in the on-going assessment of each enrolled child’s functioning in all developmental areas by including this developmental information in later diagnostic and program planning activities for children with disabilities.
- 2.4 The child assessment process collects information about children’s functioning in these areas:
 - a) Gross and fine motor skills
 - b) Perceptual discrimination
 - c) Cognition
 - d) Attention skills

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- e) Self-help skills
 - f) Social and receptive skills and
 - g) Responsive and expressive language.
- 2.5 For children whose home language is not English, the same assessment tool is used with the help of an interpreter.
- 2.6 Child assessments are conducted 3 times within a program year for each child.
- 2.7 Information from the child's assessment is shared with parents during Parent/Teacher conferences and/or home visits or sooner if concerns arise.
- 2.8 A copy of the child assessment is given to the parent.
- 2.9 Each program includes parents in all aspects of their children's education.
- 2.10 Classroom Teachers use information from the child's assessment to design classroom activities to improve child's functioning.
- a) A copy of the child's assessment is kept in the classroom for the Classroom Teaching staff to use in planning activities and experiences.
- 2.11 Classroom Teaching staff conduct and record ongoing observations to better understand each child.
- 2.12 Using the data from observations and assessments, Classroom Teaching staff decide the best strategies to use for individual children.
- 2.13 This data is kept confidential in the child's file.
- 2.14 Classroom Teaching staff enter the child assessment data in TS GOLD (and can note it in the electronic record-keeping system).

3.0 Monitoring

- 3.1 The Mentor Teacher or designee monitors Classroom Teaching staff's implementation of the child's assessment process throughout the program year.

See also [Policy ID 4003B \(ECCD\) Ongoing Educational Assessment - Screening and Assessment Development Progress Toward Outcomes - Teaching Strategies GOLD \(TS GOLD\)](#).

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~Policy ID 40003.1 (ECD) Height and Weight Screenings

Related Regulations:	1302.33 a 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Within 45 days of enrollment and two to three times a program year		
Evaluation:	Electronic record-keeping system		
Forms:			
Former Policies:	HL08 Screening		

Performance Objective: All children are measured in accordance with standardized rules provided and recommended by the Head Start Health Advisory Committee.

1.0 Height and Weight Screenings

- 1.1 If height and weight data is not available in the child's *Physical Examination/Assessment Form*, within 45 days of enrollment, the Health and Disabilities Coordinator and/ or Classroom Teaching staff conduct a height and weight measurement of the children and record the data.
- 1.2 In March, Health and Disabilities Coordinator and/ or Classroom Teaching staff perform a second height and weight measurement and record the data.
- 1.3 For programs operating year round, weights and heights are also taken in July.
- 1.4 The Health and Disabilities Coordinator enter this information into the electronic record-keeping system, print the growth chart each time, and place it in the child's files.

2.0 Measurement of Height and Weight- Preschool Age

- 2.1 Classroom Staff use appropriate equipment and materials to perform measurements of child height and weight.
 - a) HEIGHT- Appropriate equipment and materials for measuring height include a plastic-coated measurement tape or a yardstick attached to a wall with no baseboard or molding, or a doorframe.
 - i) Note: Measuring rods attached to a scale are not used because the surface on which the child stands is not always stable and the measuring rod's hinge tends to become loose, causing inaccurate readings.
 - ii) With the child's body aligned against the wall, with shoes removed, and with head and heels touching the wall, and with the child's chin up, staff mark the wall at the location of the top of the child's head.
 - iii) The Health and Disabilities Coordinator enters the information into electronic data system to plot growth chart.
 - iv) The Health and Disabilities Coordinator print growth chart and place it in the child's file in chronological order.
 - b) WEIGHT - Appropriate equipment and materials for measuring weight include a portable scales balanced at zero for center-based programs, Home School and home providers, and protective barriers (such as paper towels) to prevent children's bare feet touching the scale.
 - i) To complete a weight measurement, staff:
 - A) Ensure that heavy clothing on the child has been removed.
 - B) Place the protective barrier (paper towel) on the scale so that no bare feet touch the scale.
 - C) Have the child stand in the center of the scale.
 - D) Read and record the weight measurement.
 - E) Have child step off of scale.
 - F) Return the scale back to zero.
 - G) Enter the information into Electronic record-keeping system and print a growth chart.

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H) Place the growth chart in the child's file in chronological order.

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Policy ID 40004 (ECD) Parent and Family Engagement in Education and Child Development Services

Related Regulations:	1302.34		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	HL 05 Involving Parents		

Performance Objective: The program structures education and child development services to recognize parents’ roles as children’s lifelong educators, and to encourage parents to engage in their child’s education.

1.0 Parent and Family Engagement in Education and Child Development Services: Engaging Parents and Family Members

1.1 The program offers opportunities for parents and family members to be involved in the program’s education services and implement policies to ensure:

- a) The program’s settings are open to parents during all program hours;
- b) Teachers regularly communicate with parents to ensure they are well-informed about their child’s routines, activities, and behavior;
- c) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child’s education and developmental progress and activities in the program;
- d) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;
- e) Parents and family members have opportunities to volunteer in the class and during group activities;
- f) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child’s progress;
- g) Teachers conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child’s learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent’s request, or if a visit to the home presents significant safety hazards for staff.

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~Policy ID 4000 (EECD) Parental Consent for Release of Information

Related Regulations:	1301.31 a , Act 642A a 1; (1303.11)		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Health Advisory Committee	Approval Date:	11/17/2017
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Signed and dated <i>Release of Confidential Information Form</i> >		
Forms:			
Former Policies:	HL 05 Involving Parents		

Performance Objective: Each program only releases child information if parental consent has been obtained.

1.0 Parental Consent for Release of Information

1.1 The program obtains parental consent to release child information before it is shared with others.

a) Program staff ask parents to sign and date the *Release of Confidential Information Form* as part of the *Enrollment Packet* and as applicable.

1.2 This requirement does not apply to mandated reporting of suspected or known child abuse/neglect.

1.3 See also [Policy ID 130322 \(PCR\) Disclosures With and Without Parental Consent](#).

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-Policy ID 4001 (ECCD) Community Walk Consent

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Completed <i>Community Walk Consent Forms</i> in child's file		
Forms:	Community Walk Safety Plan		
Former Policies:			

Performance Objective: Programs may elect to do Community Walks, taking into account the safety and conditions of the location/neighborhood and implementing a safety plan.

1.0 Community Walk Plan and Consent Required

1.1 Programs choosing to do a Community Walk must have a safety plan and written permission from parents every year for their children to participate in the Community Walk.

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-Policy ID 4002 (EECD) Field Trips

Related Regulations:	<i>1306.33 c 1</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Completed forms in each child's file		
Forms:	Field Trip Permission Forms		
Former Policies:			

Performance Objective: Programs may choose to provide field trip experiences for children with parent/guardian permission.

1.0 Field Trips

- 1.1 Programs choosing to provide field trips must have a policy in place regarding parent permission for children to participate.
- 1.2 The program pre-plans field trips oriented to the educational and developmental goals of the children.

2.0 Field Trip Request

- 2.1 To request a field trip, the Administrative Assistant or designee submits the request to the Program Manager for approval at least one month in advance of proposed trip.
- 2.2 The Program Manager or designee reviews the *Field Trip Permit* and upon approval forwards it to the Transportation Department for final approval.
- 2.3 The Transportation Coordinator reviews the *Field Trip Request* and upon approval returns a copy to the Program Manager or designee.
- 2.4 The Transportation Coordinator notifies the program by phone or in writing if they cannot accommodate the field trip.
- 2.5 The Bus Driver completes the final information on the *Field Trip Permit* and submits it to the Program Manager.
- 2.7 The Transportation Department keeps all completed *Field Trip Permit* forms.
- 2.8 The Administrative Assistant posts information about all field trips in writing, via e-mail, on web site, and/or parent portal.

3.0 Field Trip Permission

- 3.1 Classroom Teaching staff fill out the *Head Start Field Trip Permission Form* and send it home with the child at least one week prior to the trip.
- 3.2 Both Classroom Teaching staff and parents complete all sections of *Head Start Field Trip Permission Form* (i.e., phone number, destination, and transportation information).
- 3.3 Parents sign and return the *Head Start Field Trip Permission Form* to designated Classroom Teaching staff.
- 3.4 Verbal permission can be accepted, if the parent or guardian has signed the global permission in the application, and the caller is able to recognize the voice of the parent/guardian.

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- 3.5 Classroom Teaching staff take the *Head Start Field Trip Permission Forms* on the field trip to cover liability issues and returns the form to the Administrative Assistant.
- 3.6 Transportation staff are trained in First Aid and CPR yearly. They contact emergency personnel if required (fire department, 911, life squad, etc.).
- 3.7 Transportation staff contact designated staff regarding injuries; the Program Manager or designee contacts the parent/guardian.
- 3.8 Classroom Teaching staff bring on each field trip:
 - a) First Aid Kit
 - b) One (or more) staff member trained in First Aid/CPR and Communicable Diseases
 - c) *Child Contact Form* for each child
 - d) *Head Start Field Trip Permission Form* for each child
 - f) Attendance sheet

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Policy ID 4006 (EECD) Center-Based Home Visits

Related Regulations:	<i>1304.21 a 2 iii; 1304.40 l 1-3; 1304.40 e; 1304.51 c 1-2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Two documented staff visits (or attempts) to child's home for educational reasons		
Forms:			
Former Policies:	FP09 Parent Involvement in Home Visits		

Performance Objective: Each program ensures that Teachers in center-based programs make no less than two home visits per program year to the home of each enrolled child unless the parents expressly refuse such visits.

1.0 Center-Based Home Visits

1.1 To conduct and document a minimum of two home visits per child each program year in order to discuss the child's development and learning, the child's Teacher:

- a) Sets up a convenient date and time for the home visit with the family;
- b) Plans information to be discussed during the home visit;
- c) Conducts a visit in the home;
- d) Documents information shared and goals that were set on the *Home Visit Form*.
- e) Completes the *Home Visit Form* with signatures on the day of the visit.
- f) Offers a copy of the Form to the parent, and place the original in the child's folder.

1.2 Classroom Teachers enter the date the home visit was completed and documents the data in the electronic record-keeping system.

2.0 Parent Refusal

2.1 Every effort is made to conduct the home visit in the child's home.

2.2 If a parent or guardian refuses the home visit, an alternative location outside of the classroom must be offered by the Classroom Teaching staff, such as a library, restaurant, etc.

2.3 Parents/Guardians have the right to refuse home visits.

a) If a parent/guardian refuses a home visit, the Teacher documents this on the *Home Visit Form*, signed by the parent or guardian, and places it in the child's file.

b) Classroom Teachers enter the date of home visit attempts and the reason for not completing home visits into the electronic record-keeping system.

2.4 If the home visit cannot be made after sufficient attempts, the Teacher documents the attempts and reasons for cancellation on the *Home Visit Form*, then places the it in the child's file. Staff also document attempts in electronic data base.

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Policy ID 4007 (ECCD) Parent/Teacher Conference

Related Regulations:	<i>1304.21 a iii; 1304.51 c 1-2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Parent/Teacher Conference report		
Forms:			
Former Policies:			

Performance Objective: Parent/Teacher conferences are scheduled two times a year to discuss child development and educational progress.

1.0 Parent/Teacher Conferences (Parent-Teacher Development Conference)

- 1.1 Every attempt is made to schedule a conference with the family.
- 1.2 Classroom Teaching staff schedule Parent/Teacher conferences to take place in the Fall and Spring, to coincide with the collection of the child outcomes data.
 - a) Classroom Teaching staff make efforts to schedule a conference at times convenient for the parent(s) to attend.
- 1.3 Parent/Teacher conferences may take place at the center or at other agreed-upon location.
- 1.4 If person-to-person contact is not possible, a phone conference can be substituted and documented on the *Child Education Summary Form*.
- 1.5 Classroom Teaching staff complete all items on the *Child Education Summary Form* during the conference.
- 1.6 At the end of the conference, both parent and Classroom Teaching staff sign the *Child Education Summary Form*.
- 1.7 Classroom Teachers enter the date the Parent/Teacher conference was completed into the electronic record-keeping system.
- 1.8 Classroom Teachers enter the date of attempts to complete Parent/Teacher conference and reason for not completing the conference into the electronic record-keeping system.

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Policy ID 4008 (EECD) Head Start Individualization

Related Regulations:	<i>1304.21 c 1 i</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Daily/Weekly/Monthly		
Evaluation:	Documented developmental progress		
Forms:			
Former Policies	ED09 Individualization System		

Performance Objective: Each program implements a curriculum that supports each child's individual pattern of development and learning.

1.0 Head Start Individualization

- 1.1 Classroom Teaching staff document individualization in *Teaching Strategies GOLD (TS GOLD)*.
- 1.2 Classroom Teaching staff (and all staff) maintain confidentiality for all enrolled children and families.
- 1.3 See also [Policy ID 75003 \(DS\) Individualization of the Program](#).

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Policy ID 4011 (EECD) CLASS Observation Instrument

Related Regulations:	<i>1304.21 a 3; 1304.21 a 4; 1304.21 c 1-2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/24/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Twice per program year (September-October, and March-April)		
Evaluation:	Documented CLASS Observation Sheet; Scoring Summary Sheet; CLASS Observation Variable Spreadsheet		
Forms:			
Former Policies:			

Performance Objective: The programs use the CLASS observation instrument to ensure that Teaching staff use interactions which support children’s social, emotional, cognitive and language skills development.

1.0 CLASS Observation Instrument

- 1.1 The Grantee notifies programs which classrooms will be observed using the CLASS Instrument on or before October 15 of each program year.
- 1.2 Trained, reliable staff observe every classroom using the *CLASS Observation Sheet*.
- 1.3 The Mentor Teacher enter the data collected from the *CLASS Observation Sheets* and record the data in the electronic record-keeping system.
- 1.4 *CLASS Observation Sheets* are retained at the program for review.
- 1.6 The Program Manager, Mentor Teacher and Classroom Teachers review and analyzes the data and develops program plans for program improvement.
- 1.9 The Grantee CLASS report is generated and shared with policy groups in the monthly department report at least twice per school year.
- 1.10 The Program Manager and Mentor Teacher develop plans, identify training (individual, small group, large group) and make recommendation based on findings.

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Policy ID 4012 (EECD) Transition Plan

Related Regulations:	<i>1304.41 c 1-3; 1308.21</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/24/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Transition starts at enrollment		
Evaluation:	Documentation in child's file of parent participation in transition activities		
Forms:			
Former Policies:	FP08 Parent Involvement in Transition Activities; CP03 Transition Services		

Performance Objective: The Program ensures a transition plan is in place before the program's opening day.

1.0 Transition Plan

- 1.1 Programs establish a comprehensive plan for child transitions into and out of the program.
- 1.2 The transition plan must include:
 - a) Steps for effective and seamless transitions
 - b) Responsible parties, and
 - c) Timeline.
- 1.3 Individual transition plans are submitted to Mentor Teacher prior to the program's opening day.
- 1.4 See also [Policy ID 77002 \(TNS\) Transitions between Programs](#) and [Policy ID 77001 \(TNS\) Transitions from Head Start to Kindergarten](#) and [Policy ID 77000 \(TNS\) Transitions from Early Head Start](#).

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Policy ID 4013 (EECD) Child Development and Education Approaches to the Curriculum

Related Regulations:	<i>1304.20; 1304.21c 1; i-vii; 1304.21 c 2; 1304.22 d 2: 1304.23 c 7</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Child Outcomes Progress report		
Forms:			
Former Policies:	ED09 Individualization System; Lesson Planning System ; HL 15 Naptime Procedures		

Performance Objective: Each program, in collaboration with the parents, implements a written curriculum that is researched based and promotes developmentally appropriate practices for pre-school children.

1.0 Child Development and Education Approaches to the Curriculum

1.1 Each program uses Creative Curriculum for center-based sites, Partnerships for Healthy Babies for pregnant women, which are research-based commercially developed products.

1.2 These written curricula:

- a) Includes goals for children’s development and learning
- b) Include experiences through which they will achieve those goals
- c) Address what staff and parents do to help children achieve those goals
- d) Include materials needed to support implementation of activities
- e) Are consistent with the Head Start Performance Standards and the Head Start Early Learning Outcomes Framework Ages Birth to Five and
- f) Are based on sound child development principles.

1.3 As implemented, the curricula support each child’s individual pattern of development and learning.

- a) Interaction and activities with individuals and small groups of children are based on each child’s development level, temperament, learning style, mood, and need. For example:
 - i) Activities are individualized based on each child’s ability
 - ii) Activities are planned based on assessment of interest to child
 - iii) Each child is encouraged to explore and use materials at his or her developmental and pace.

1.4 As implemented, the curricula provide for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success.

1.5 As implemented, the curricula integrates all educational aspects of the health, nutrition, and mental health services into program activities.

- a) The Mentor Teacher, Classroom Teaching staff and Parent and Community Partnership Coordinator work together in accordance with [Policy ID 4003D \(EECD\) Ongoing Assessment for Each Child](#) and [Policy ID 61001A \(HPS-MH\) Mental Health Consultant/Mental Health Professional Services](#) regarding on-site consultations.

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- b) The programs encourage Classroom Teaching staff to maintain realistic expectations of children's age and abilities.
 - i) Sharing is not forced although it may be discussed
 - ii) Children should not be expected to wait for long periods of time
 - iii) Timeout is not used
 - iv) Food is not used as a punishment or reward (see [Policy ID 90002 \(HR/PP\) Standards of Conduct](#))
 - v) Supervision is maintained at all times (see [Policy ID 300A \(HS\) Active Supervision of Children including Transitions](#) and [Policy ID 606 \(FC\) Outdoor Environments/Playgrounds and Active Supervision](#) and [Policy ID 1525 \(EARL\) Health and Safety - Child Supervision -- Early Head Start Children Arrival, Departure and Leaving the Classroom](#)).
 - c) Meals contribute to the development and socialization of all children and developmentally appropriate food-related activities are integrated into the curricula (see also [Policy ID 60008 \(HPS-NU\) Family Style Meal Service](#)).
 - d) Safety awareness is integrated into activities for children.
 - e) Classroom Teaching staff keep flexible daily routines for napping.
 - i) In the full-day program, provisions are made for early risers and non-nappers
 - ii) Early risers are permitted to read books or play quietly
 - iii) There is separate space and activities for non-nappers.
- 1.6 The curricula ensure that the program environment helps children develop emotional security and social relationships.
- 1.7 The curricula enhance each child's understanding of self as an individual and as a member of a group.
- 1.8 The curricula provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitude toward learning.
- a) Classroom Teaching staff encourage children's learning initiatives throughout the day by listening, complimenting their accomplishments and efforts, and encouraging children to talk about what they are doing.
 - b) The curricula provide opportunities for balanced activities, including active and quiet times, large- and small- group activities, indoor and outdoor play times, and child-initiated and Teacher-planned activities.
 - c) Children are encouraged to contribute their own ideas or participate at their own developmental level during small-group times (e.g., Teachers ask children to classify the nature materials, but children may group them in their own ways) and during large-group times (e.g., adults sometimes ask children to add novel words and actions to traditional songs and activities).
- 1.9 Classroom Teaching staff use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child (see [1304.20 b](#), [1304.20 d](#), and [1304.20 e](#)).
- 1.10 See also [Policy ID 4014 \(EECD\) Class Size](#).

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Policy ID 4015 (EECD) Approach to Children with Disabilities

Related Regulations:	<i>1308.19; 1304.21 a 1 ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:			
Former Policies:			

Performance Objective: The Redding Rancheria Head Start and Child Care is a general education setting. It's approach to child development and education includes children with disabilities.

1.0 Approach to Children with Disabilities

1.1 The program's approach to child development and education includes children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 1308.19).

a) Classroom Teaching staff, Mentor Teacher and Program and Health and Disabilities Coordinator work with parents and other agencies to make sure that children receive services as outlined in the IFSP or IEP.

b) Classroom Teaching staff integrate children with disabilities into the group and have them participate in activities as appropriate.

1.2 See also [Policy ID 600 \(FC\) Physical Environment and Facilities](#).

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Policy ID 4016 (EECD) Approach to Respectful Environment

Related Regulations:	<i>1304.21 a 1 iii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:			
Former Policies	FC 02 Head Start equipment, toys, materials and furniture		

Performance Objective: The program's approach to child development and education provides an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition.

1.0 Approach to Respectful Environment

- 1.1 The setup of the classroom environment is conducive to learning for all children including children with disabilities.
- 1.2 Classroom Teaching staff create a learning environment that respects culture and lifestyle of every child and their family.
- 1.3 The classroom environment provides activities and materials which are not limited to age, gender, race, disabilities, or ethnic and family composition stereotypes.
- 1.4 Classroom Teaching staff encourage children to keep the classroom neat and orderly.

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Policy ID 4017 (EECD) Approach to Balanced Activities

Related Regulations:	<i>1304.21 a 1 iv</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Posted Daily Schedule		
Forms:			
Former Policies:	ED03 Child development and education approach for preschoolers; Lesson Planning System		

Performance Objective: The program’s approach to child development and education (see also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#)) provides a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities.

1.0 Approach to Balanced Activities

- 1.1 Children engage in both active (e.g., outdoor, climbing, dancing) and quiet activities (e.g., reading, painting, puzzles, play dough) throughout the day.
- 1.2 Classroom Teaching staff post the daily schedule in the classroom, which includes balanced activities such as:
 - a) child-initiated activities (e.g. free choice time, asking Teacher to read books)
 - b) Classroom Teaching staff engaging in child-initiated conversation
 - c) Teaching staff following child’s lead
- 1.3 Classroom Teaching staff organize time (e.g., part of the daily schedule) and space (e.g., open areas, cozy areas) daily for children to play individually, in pairs, in small groups and large group.
- 1.4 Classroom Teaching staff use small groups and circle time to increase the amount of conversation and to involve all learners.

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Policy ID 4018 (ECCD) Approach to Parent Inclusion

Related Regulations:	<i>1304.21 a 2 i-iii; 1304.40 e 4; 1304.40 h 1-4; 1304.40 i 1-3</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Parent input on lesson plan; Documentation of parent participation		
Forms:			
Former Policies:	Lesson Planning System		

Performance Objective: The program’s approach to child development and education (see also [Policy ID 4015 \(ECCD\) Approach to Children with Disabilities](#)) encourages parents to participate.

1.0 Approach to Parent Inclusion

- 1.1 Classroom Teaching staff invite and encourage parents to provide input into the program’s curricula and to support their children’s development and education.
- 1.2 Mentor Teacher, Classroom Teaching staff , Parent and Community Partnership Coordinator and Health and Disabilities Coordinator provide parents with resources and strategies to support the child’s development growth and education at home and at school. (Learning Happens Every Day – All Day; Kindergarten “Homework”)
- 1.3 Classroom Teaching staff provide parents with opportunities to share their observations of their child’s development and education.
- 1.4 Classroom Teaching staff discuss with parents the child’s assessment data and use parent input and observations that will help plan the learning experiences.

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Policy ID 4024 (EECD) Approach to Respecting Home Language, Culture and Family Composition

Related Regulations:	<i>1304.21 a 3 i E</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:			
Former Policies:			

Performance Objective: The program’s approach to child development and education (see also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#)) supports social and emotional development which enhances each child’s strengths, respect of the home language, culture, and family composition in ways that support the child’s health and well-being.

1.0 Approach to Respecting Home Language, Culture and Family Composition

- 1.1 When possible, Classroom Teaching staff speak the language/s of the children and/or provide an interpreter.
- 1.2 Materials, equipment, and activities reflect the diversity of children and families in the program. Examples include: photographs reflecting their families and cultures; props and books of different cultures; dolls of different races; posters and books that portray men as fathers and caregivers; finger plays, songs, and games from the children’s home cultures.
- 1.3 If possible, at least one staff member who interacts regularly with the children speaks the same language as the children.
 - a) If no staff speak the children’s language, the program will seek assistance from an interpreter if possible.

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Policy ID 4025 (EECD) Approach to Routines and Transitions

Related Regulations:	<i>1304.21 a 3 ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:			
Former Policies:	ED03 Child Development and Education Approach for Preschoolers; HL15 Nap Time Procedures		

Performance Objective: The program’s approach to child development and education (see also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#)) supports social and emotional development by planning for routines and transitions which occur in a timely, predictable and unrushed manner according to each child’s needs.

1.0 Approach to Routines and Transitions

- 1.1 Children are involved in activities on arrival and are kept involved until departure.
- 1.2 Daily routines are consistent and predictable. For example:
 - a) Arrivals and departures are consistent, pleasant, and organized
 - b) Daily schedule is posted for adults and children
 - c) Hand-washing and tooth-brushing procedures are depicted in pictures and words and are posted at children’s eye level.
- 1.3 Classroom Teaching staff are responsible for being fully prepared for activities and lessons.
- 1.4 Daily routines, such as arrival and departure, meals, naps, and toileting and diapering, support the children’s needs. For example:
 - a) If a child does not wish to nap, Classroom Teaching staff offer an alternative quiet activity;
 - b) Classroom Teaching staff guide children to finish their meals in a timely manner without rushing them.
- 1.5 In the full-day program, provisions are made for early risers and non-nappers.

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Policy ID 4026 (EECD) Approach to the Learning Environment and Materials

Related Regulations:	<i>1304.21 a 3 ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:	Creative Curriculum Implementation Checklist		
Former Policies:	Lesson Planning System		

Performance Objective: The program’s approach to the learning environment is designed to include at minimum 6-8 well-organized interest areas that encourage children to use materials well and teaches them to take increasing responsibility for maintaining the classroom (see also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#)).

1.0 Approach to the Learning Environment and Materials

1.1 Each classroom has an area for materials that promote science technology such as:

- a) Investigative materials
- b) Cause and effect materials
- c) Natural elements
- d) Magnetic items
- e) Plants

1.2 Each classroom has an area for materials that promote art such as:

- a) Writing materials, crayons colored pencils
- b) Different paper, different sizes, colors and shapes
- c) Ink pad stamps
- d) Paint

1.3 Each classroom has an area for materials that promote dramatic play such as:

- a) Dress up materials
- b) Dramatic play props of different size such as toy people and animals
- c) Materials that promote everyday life concepts
- d) Realistic food props (culturally and ethnically diverse)
- e) Mirrors, puppet stands, career clothing
- f) Basic play kitchen furniture, stove, oven, table, chairs, refrigerator, microwave, sink

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1.4 Each classroom has area for materials that promote fine motor skills materials such as:

- a) Varying size pegs and pegboards
- b) Building toy sets (stored separately)
- c) 4-piece, 7-piece, and 11-piece puzzles
- d) Large-piece and knobbed puzzles
- e) Nesting cups, texture materials, large string beads
- f) Shelves are low enough for children to easily access the materials

1.5 Each classroom has an area for materials that promote math concepts such as:

- a) Counting materials, one to one correspondents
- b) Numbers
- c) Scales with manipulatives
- d) Colors, Shapes and number Bingo
- e) Counting games

1.6 Each classroom has an area for materials that promotes language development such as:

- a) Environmental print
- b) Headphones (one per child)
- c) Flannel boards
- d) Language and alphabet charts

1.7 Each classroom has an area that promotes sensory integration such as:

- a) Sand and Water table with items to go in like sand, water, shaving cream, rocks, pudding, rice, beans
- b) Sensory materials
- c) Combination of textured materials
- d) Play dough
- e) Squishy toys

1.8 Each classroom has an area that promotes blocks such as:

- a) Woodworking area
- b) Building Blocks

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c) Construction equipment

d) Forms of transportation

1.9 Each classroom has a book area that promotes literacy, such as:

a) Finger play materials

b) Minimum of 20 books

c) Soft seating, cushion pillows

d) Poetry books; predictable repetitive tasks; concept books; culturally and ethnically diverse books

1.10 Each classroom has a music area to promote music with items such as:

a) Rhythm sticks

b) Xylophone

c) Variety of records, tapes, CDs and players

d) Ankle bells

e) Rain sticks

1.11 Each classroom is encouraged to have a quiet area for non- nappers.

2.0 Items are Kept in Working Order

2.1 Materials, toys, and items accessed by children are kept in working order.

2.2 When materials, toys, and items are determined to be faulty or defective, the classroom staff notify the school Mentor Teacher and/or Program Manager to request replacement.

2.3 See [Policy ID 601 \(FC\) Equipment, Toys, Materials, and Furniture](#).

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Policy ID 4027 (EECD) Approach to Development of Each Child’s Cognitive and Language Skills Using Various Strategies

Related Regulations:	<i>1304.21 a 4 i-iv</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:	Classroom Observation tool		
Forms:			
Former Policies:	Lesson Planning System		

Performance Objective: The program provides for the development of each child’s cognitive and language skills by following the requirements of *1304.21 a 4 i-iv* (see also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#)).

1.0 Approach to Development of Each Child’s Cognitive and Language Skills

- 1.1 Classroom Teaching staff support each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration.
- 1.2 Classroom Teaching staff ensure opportunities for creative self-expression through activities such as art, music, movement, and dialogue.
 - a) Classroom Teaching staff engage children in art, music, movement and activities by encouraging them to participate and providing them activities of their interest.
 - b) Classroom Teaching staff rotate materials regularly to reflect the activities on the lesson plan or as determined by children’s interest.
 - c) Classroom Teaching staff ensure that these materials and activities are available and accessible to all enrolled children.
- 1.3 Classroom Teaching staff promote interaction and language use among children and between children and adults.
 - a) Classroom Teaching staff promote strategies for language development in both English and home language for dual language learners.
 - b) Circle or small group time include opportunities for children to describe and recall activities (e.g., discussing themes such as community helpers, family events, and children’s interests)
 - c) Classroom Teaching staff listen actively to students and ask relevant and related questions.
 - d) Classroom Teaching staff provide opportunities for frequent conversations with children to promote language development.
 - e) Classroom Teaching staff balance listening and talking appropriately for children’s age and abilities during communication activities (e.g., by allowing time for children to respond, indicating pictures to foster communication).
 - f) Classroom Teaching staff encourage language and social interaction in small groups by using props to stimulate language and conversations.
 - g) Classroom Teaching staff extend learning through daily conversation by:
 - i) Asking children open-ended questions that require them to communicate more complex ideas
 - ii) Introducing and discussing vocabulary ideas
 - iii) Using self-talk, parallel talk as a means of expanding children’s language and

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iv) Using a variety of nouns, verbs, adverbs, adjectives, prepositions and other forms of language new to the children but that coincide with concepts they already understand.

- 2.0 Classroom Teaching staff support emerging literacy and numeracy development through materials and activities according to the developmental level of each child.
- 2.1 Numbers and operations are taught throughout the day by providing classroom materials that help children to perform activities such as:
- a) Understanding relationships between numbers
 - b) How to count accurately
 - c) How to count a group of objects using one-to-one correspondence
 - d) Integrating numbers into daily routine and play (e.g., counting steps, counting fingers, and toes during diapering, counting toys as they are putting them away)
 - e) Providing a variety of experiences and different settings to teach math concepts and build mathematical vocabulary.
- 2.2 Materials provided for early math include:
- a) Objects to count, numbers, puzzles) to explore number concepts
 - b) Pattern blocks, colored wooden beads for recognizing, copying, creating, sorting, and extending patterns
 - c) Shapes, puzzles, blocks for exploring geometric shapes and spatial relationships and
 - d) Measuring cups, balancing scales, and rulers for exploring measurement.
- 2.3 Geometric spatial sense, patterns, and measurements are taught frequently.
- a) Classroom Teaching staff help children:
 - i) Recognize, describe, compare, and name shapes and their parts and attributes
 - ii) Understand directionality, order, position of objects, and words such as up, down, in front, behind
 - iii) Match, sort, put in a series, regroup objects according to one or two attributes
 - iv) Measure objects
 - v) Etc.

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Policy ID 4028 (ECCD) Approach to and Promotion of Gross Motor Skills

Related Regulations:	<i>1304.21 a 5 i-ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Lesson Planning System		

Performance Objective: When implementing the center-based program option, the program promotes each child’s physical development by providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills (see also [Policy ID 4015 \(ECCD\) Approach to Children with Disabilities](#)).

1.0 Approach and Promotion of Gross Motor Skills

- 1.1 Weather conditions permitting, supervised children can go outside year round.
- 1.2 Teachers participate in intentional activities with the children. For example, Classroom Teaching staff:
 - a) Run and play ball with the children
 - b) Lead exercises to encourage movement of the whole body
 - c) Encourage exploration of space and the environment and
 - d) Other activities that encourage and promote gross motor development.
- 1.3 Indoor space and equipment support active physical play.
- 1.4 Outdoor equipment and materials are available for various types of play that encourages movement such as: riding toys, climbers, playhouses, balls, chalk.
- 1.5 The outdoor space has a variety of surfaces such as sand, grass, composite firm enough for riding toys, and asphalt suitable for different types of play.
- 1.6 Classroom Teaching staff help children develop skills needed to use equipment, like: pumping legs on a swing, using adaptive pedals on a tricycle (for children with disabilities), and supporting children climbing and balancing.
- 1.7 Programs are required to supply developmentally- and gross motor appropriate equipment such as: child size equipment, tricycles with and without pedals, balls of different sizes, both ramp and ladder access to climbing structures, seesaws, monkey bars, etc.
- 1.8 Program schedules allow sufficient time for indoor and outdoor play.

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Policy ID 4030 (EECD) Approach to and Provision for Children with Special Needs

Related Regulations:	<i>1304.21 a 5 ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	DS01 Disabilities Services Plan; ED06 Child Study Team- Child Support Plan		

Performance Objective: The Redding Rancheria Head Start and Child Care is a general education setting. When implementing the center-based program option, the program promotes each child’s physical development by providing an appropriate environment and adult guidance for the participation of children with special needs. (See also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities.](#))

1.0 Approach to and Provision for Children with Special Needs

- 1.1 Whenever possible and practicable, the program provides an appropriate environment and adult guidance for the participation of children with special needs.
- 1.2 The programs make accommodations based on individual needs, whenever reasonable and practicable.
 - a) When a need for material or equipment accommodation arises, Classroom Teaching staff contact the Health and Disabilities Coordinator.

1302 Subpart D - Health Program Services

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Policy ID 60001 (HPS) Health Program Services Overview

Related Regulations:	1302.40		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Timeline:	Throughout the program year		
Evaluation:	HAC meeting minutes, Health reports		
Forms:			
Former Policies:	PG11 HAC Structure and Duties		

Performance Objective: The program provides high-quality health, oral health, mental health, and nutrition services.

1.0 Health Program Services Overview

- 1.1 The program provides high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate that support each child’s growth and school readiness.
- 1.2 The program establishes and maintains a Health Advisory Committee (HAC) that includes Head Start parents, professionals, and other volunteers from the community.

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Policy ID 60001A (HPS) Health Services Advisory Committee (HSAC)

Related Regulations:	1302.40 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	4/10/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing and at least three times per year		
Evaluation:	Meeting minutes; Agenda; Roster of HAC participants		
Forms:			
Former Policies:	PG11 Health Advisory Committee Structure and Duties		

Performance Objective: The Grantee has established and maintains a Health Services Advisory Committee (HAC) comprised of Head Start/Early Head Start parents, professionals, community representatives, volunteers, and staff of Head Start/Early Head who participate in planning, operation and evaluation of the health services area of the program.

1.0 Health Services Advisory Committee (HAC)

1.1 The HAC meets as an entire body at least five times per year.

- a) The Redding Rancheria HAC shall consist of no fewer than two representatives from the Redding Rancheria Tribal Health center, one parent representative from the Head Start and Child Care Center, and one community health representative. More representative may serve. A quorum of any three representatives is needed to conduct business and approve motions.
- b) During the meetings, when the entire committee is convened, the committee summarizes the area plans and offers advice and input.
- c) Head Start/Early Head Start parents, professionals, community representatives, volunteers, program staff and other persons identified through the Head Start Reauthorization should be present at the meeting.
- d) Program staff do not have any voting rights.

1.2 Purposes of the HAC include helping the program stay abreast of current community health needs and recommending necessary interventions for children and families.

1.3 Listed below are some activities that the HAC subcommittees might be involved in:

- a) Problem solving
- b) Assisting in planning for the health program and developing/reviewing policies and procedures.
- c) Assisting in evaluating the health plan and program.
- d) Supporting Head Start/Early Head Start positions and needs.
- e) Assisting Head Start/Early Head Start in identifying medical, dental, disabilities, mental health, and nutritional issues and resources, including major community nutritional issues.
- f) Assisting in the development of health education programs.
- g) Reviewing health services procedures and forms.

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h) Advising in budgeting and legal matters and developing free or low cost health services for enrolled families.

i) Acting as a child health advocate.

1.4 Head Start/Early Head Start parents are active participants on the Committee and are encouraged to:

a) Share their concerns, experiences, knowledge, and feelings regarding the health of their children in the Head Start/Early Head Start program/option;

b) Share their concerns and interests to health and program requirements and services.

c) Provide feedback on the utilization of health resources in the County.

1.5 HAC meeting minutes include dates of meetings, attendees, agendas, and topics discussed.

a) The Health and Disabilities Coordinator is responsible for maintaining the roster of current HAC members.

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Policy ID 60002 (HPS) Collaboration and Communication with Parents

Related Regulations:	1302.41		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	HS09 Parental Involvement in Health and Safety; FP06 Parent Involvement in Health, Nutrition and Mental Health Education; NU04 Family Assistance with Nutrition; MH Mental Health Services – Parent Education		

Performance Objective: The program collaborates and communicates with parents in accordance with the requirements.

1.0 Collaboration and Communication with Parents

1.1 For all activities described in 1302.40-1302.47, the program collaborates with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicates with parents about their child’s health needs and development concerns in a timely and effective manner.

1.2 At a minimum, the program:

- a) Obtains advance authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and maintains written documentation if they refuse to give authorization for health services; and,
- b) Shares with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

See also [Policy ID 60002A \(HPS\) Parent Involvement in Health Services](#).

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~Policy ID 60002A (HPS) Parent Involvement in Health Services

Related Regulations:	<i>1304.20 a, b, c; 1304.20 e 1-5; 1304.40 f 2 i-ii; 1302.41</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	At Enrollment and/or Orientation		
Evaluation:	Signed documents such as Child Close-up Report		
Forms:			
Former Policies:	ED04 Health Education Plan; FP05 Parent Involvement in Child Development		

Performance Objective: Each program encourages parent involvement in health care upon the child’s enrollment into the Head Start program.

1.0 Parent Involvement in Health Services

- 1.1 Upon enrollment, Health and Disabilities Coordinator and the Parent, the Partnership Coordinator and Classroom Teachers provide individual opportunities for the parent/guardian to discuss the health needs of their child/children.
- 1.2 The Health and Disabilities Coordinator and the Parent, the Partnership Coordinator and Classroom Teachers encourage and support the required parent involvement in all screenings, evaluations, assessments, conferences, and meetings related to their child’s health.
- 1.3 The Health and Disabilities Coordinator and the Parent, the Partnership Coordinator and Classroom Teachers consult with parents when any suspected health or developmental issues are identified.
- 1.4 The Health and Disabilities Coordinator and the Parent, the Partnership Coordinator and Classroom Teachers provide information via one-on-one meetings at program sites/options with parents, thereby familiarizing parents with the health and developmental processes and procedures of their children.
- 1.5 The Health and Disabilities Coordinator and the Parent, the Partnership Coordinator and Classroom Teachers also provide resources during the parent meeting at Head Start/Early Head Start sites about the developmental stages of their child/children and they can secure individuals for such training. Staff help parents/guardians identify, pursue, and secure on-going health services for their child/children.
- 1.6 See [Policy ID 7005 \(PFCE\) Parent Involvement in Home Visits](#).

2.0 Involving Parents

- 2.1 In conducting the child health status, screening, and follow-up and treatment process, and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, the program:
 - a) Consults with parents immediately when child health or development problems are suspected or identified.
 - b) Familiarizes parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. The program ensures that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parent.

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- c) Talks with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program.
- d) Assists parent to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process, and
- e) If a parent or other legally responsible adult refuses to give authorization for health services, the program maintains the *Refusal to Authorize Health Services Form* in the child's file.
- f) The Health and Disabilities Coordinator discusses with the parent/legal guardian all benefits of and reasons for recommended health procedures, including medical screenings, immunizations, and medical referrals.

3.0 Head Start/Early Head Start is a Mandated Reporter of Suspected Child Abuse or Neglect

- 3.1 In accordance with Federal regulations, Head Start/Early Head Start is a mandated reporter of suspected child abuse and/or neglect.
- 3.2 See [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect](#).
- 3.3 Head Start/Early Head Start staff report allegations of medical neglect as appropriate.

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Policy ID 60003 (HPS) Child Health Status and Care

Related Regulations:	1302.42		
Revised by:	Hannah Hughes, Program Manager	Revision Date:	5/20/2024
Approved by:	Executive Team	Approval Date:	6/03/2024
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Within 30 days after child's first attendance; home visit within 90 days		
Evaluation:	Database Reports; child files		
Forms:			
Former Policies:	HL01 Determining Child Health Status		

Performance Objective: The program promotes and assists parents with up-to-date child health care.

1.0 Source of Child Health Care

- 1.1 The program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, consults with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.
- 1.2 If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program assists families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

2.0 Ensuring Up-to-Date Child Health Status

- 2.1 Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in 1302.42 b 3, the program:
 - a) Obtains determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on:
 - i) the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the state Medicaid agency,
 - ii) immunization required prior to admission as issued by the CA SB277 (See Policy #310 Immunizations)
 - iii) any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;
 - b) Assists parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41 b 1.
- 2.2 Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, the program either obtains or performs evidence-based vision and hearing screenings.
- 2.3 When the program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy 1302.42 b 1 and 2.
- 2.4 The program identifies each child's nutritional health needs, taking into account available health information, including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.

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3.0 Ongoing Care

- 3.1 The program helps parents continue to follow recommended schedules of well-child and oral health care.
- 3.2 The program implements periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.
- 3.3 The program facilitates and monitors necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, the program also facilitates fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

4.0 Extended Follow-up Care

- 4.1 The program facilitates further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.
- 4.2 The program develops a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.
- 4.3 The program assists parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

5.0 Use of Funds

- 5.1 The preschool program uses program funds for the provision of diapers and pull ups for enrolled children during the program day.
- 5.2 The program uses program funds to pay for additional diapers, pull ups, and formula for the infant/toddler program in case of emergency. However, it is expected that parents will provide such provisions for their child on a regular basis. Program staff will communicate with parents when their child's supply is low.
- 5.3 The program may use program funds for professional medical and oral health services when no other source of funding is available.
 - a) When program funds are used for such services, the Grantee and delegate agencies have written documentation of the efforts to access other available sources of funding.

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~Policy ID 60003B (HS) 45-Day Screenings -- Sensory, Cognitive, and Behavioral Skills

Related Regulations:	1304.20 b; 1308.6 b 1 and 2; 1302.33 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Initial screening within 45 days of enrollment. Follow-up screening within 45 days of the initial screening		
Evaluation:	Documentation in the child's file and electronic record-keeping system		
Forms:			
Former Policies:	HLO2 Developmental, sensory and behavioral screening		

Performance Objective: Within the first 45 days of program entry, all enrolled children are screened for sensory, cognitive, and behavioral development, unless the child already has an active IFSP/IEP.

1.0 45-Day Screenings – Sensory, Cognitive, and Behavioral Skills

- 1.1 In collaboration with each child's parent/guardian and within 45 calendar days of the child's entry into the program, the program performs or obtains linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills.
- 1.2 To the greatest extent possible, these screening procedures are sensitive to the child's cultural background.
- 1.3 The screening is a brief process, which can be repeated, and is never used to determine that a child has a disability. It only indicates that a child may need further evaluation to determine whether the child has a disability.
- 1.4 Each program provides assistance with screenings but urges parents to complete the *Ages & Stages Questionnaire: Social Emotional (ASQ-SE)* or equivalent screening before the start of the program year.
- 1.5 If a concern is identified based on screening results, the "Concerned Child Process" is initiated (see [Policy ID 75011 \(DS\) Concern Child Process](#)).
- 1.6 The Health and Disabilities Coordinator and/ or Classroom teacher, whichever is best suited share results with parents/guardians during the first Parent-Teacher conference or sooner if there are concerns.
- 1.7 The Health and Disabilities Coordinator enter the results from the screenings into the electronic record-keeping system within seven days of receipt.
 - a) the Health and Disabilities Coordinator places a hard copy of the screening results in the child's file.

2.0 Professional Guidance

- 2.1 The program obtains direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

3.0 Follow-up

- 3.1 Follow-up is required for all children whose screening results indicate area/s of concern or who are unable to be screened. The following are needed if re-screening or follow-up is needed.

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- a) Developmental re-screening: Classroom Teaching staff and /or Health and Disabilities Coordinator
 - b) Speech and/or hearing: Health and Disabilities Coordinator, Classroom Teaching staff and contracted services evaluates and/or re-screens
 - c) Vision – retest and refer to physician if child fails second test.
 - d) Social-emotional: Classroom Teaching staff and Health and Disabilities Coordinator refer to Mental Health professionals.
- 3.2 The program implements a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.
- 3.3 The program provides assistance to the parents, as needed, to obtain any prescribed medications, aids or equipment for medical and dental conditions.

4.0 Multiple Sources of Information Used

- 4.1 The program utilizes multiple sources of information on all aspects of each child’s development and behavior, including input and observations from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior.

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~Policy ID 60003C (HS) Provision of Extended Follow-up and Treatment

Related Regulations:	1304.20 c 1 & 2; 1304.20 c 3 i & ii; 1304.20 c 4; 1304.20 c 5; 1302.42 d		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Collection of health information and health screenings follow up documentation; Electronic record-keeping system data		
Forms:			
Former Policies:	HL03 Extended Follow-up and Treatment; HS 14 Epi Pen Procedures; HS20 Asthma Plan		

Performance Objective: The program ensures that each child with a known or suspected health, dental, or developmental problem receives further testing, examination, and treatment from a licensed or certified health care professional.

1.0 Provision of Extended Follow-up and Treatment

- 1.1 Each program provides assistance to the parents, as needed, to support them in obtaining any prescribed medications, aids or equipment for medical and dental conditions.
- 1.2 Dental follow-up and treatment includes:
 - a) Fluoride supplements and topical fluoride treatments as recommended by dental professionals.
 - b) Other necessary preventive measures and further dental treatment as recommended by the dental professional.
- 1.3 The Health and Disabilities Coordinator assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).
- 1.4 Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, the program must have written documentation of efforts to access other available sources of funding.
- 1.5 Each program supports parents in taking appropriate follow-up actions.
- 1.6 The Health and Disabilities Coordinator enters into the electronic record-keeping system the determination of whether further testing, examination, or treatment is needed and keep documentation in the child's file.
- 1.7 Follow-up plans are implemented as appropriate.

2.0 Asthma Plan

- 2.1 A written note is needed from the doctor to identify the cause that started an asthma/allergy episode with the child, and the current treatment. This is to assist the Head Start and Child Care staff to modify the environment if possible and make any dietary restrictions.
 - a) Asthma may be triggered by allergies caused by animal, dust mites, pollens, food, bee/insect sting, exercise, respiratory infection, chalk dust , latex, smoke, change in temperature, molds, and strong odors.
 - b) Follow Policy #64005 Medication Administration Procedure
 - c) Head Start Health Coordinator will fill out an asthma/allergy plan form that will be kept in the child's file.
 - d) Parent will be called immediately:
 - i) If child has as episode at school.

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- ii) If treatment does not ease child's breathing.
- iii) If child has a second episode at school.

2.2 Asthma/Allergy Plan for Fieldtrips

- a) Head Start Health Coordinator will be aware if any child has an Asthma/Allergy plan and what the cause is.
- b) If it is environmentally caused, a decision will be made with the Program Manager and HSHC as to if the child will be able to go on the fieldtrip
- c) A Head Start and Child Care staff member (Teacher or HSHC) will carry the Asthma/Allergy plan along with the medication even if one of the parents is with them on fieldtrip
- d) It is advised that a parent will be invited to go along. If a parent is not able to go the child will accompany either their teacher or the HSHC.
- e) If the child has an episode on a fieldtrip than the HSHC or teacher will follow the Asthma/Allergy plan procedure.

3.0 Epi Pen Procedure

- a) In the event of a medical emergency that requires the use of an Epi-Pen, the Head Start and Child Care staff will provide the emergency first aid to children and staff until emergency medical Personnel can continue treatment.
- b) To ensure that a medical emergency requiring the use of an EPI-Pen is handled properly, effectively, and appropriately the following actions will be taken:
 - c) When a staff member or child requires the use of an EPI-Pen, staff will follow the procedures required for prescription/medication use at school, which includes: written instructions from the doctor, medication/EPI-Pen in original container with instructions clearly labeled, with the name and address of the patient; if for a child, written permission from parent for staff to administer; written explanations regarding when use is indicated.
 - c) When an EPI-Pen is indicated, a staff member with basic first aid certification will administer the shot as per the directions on the container, and will continue with standard first aide, including the use of CPR when necessary. This person shall stay with the patient until the arrival of emergency personnel.
 - d) 911 emergency services will be called--including the EMT's who are at the tribal facilities, by staff not administering the first aid; parents/contacts will be called immediately
- f) When transportation to hospital by ambulance is required, staff member will accompany patient, until a family member arrives
- g) Child/adult will not be allowed to return to school until cleared by physician, and the EPI-Pen is replaced
- h) Epi Pens shall be stored in the locked medicine cabinet. They cannot be stored in high temperature environments.

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Policy ID 60004 (HPS) Oral Health Practices

Related Regulations:	1302.43		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	11/17/2017
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:	Observation		
Forms:			
Former Policies:	HL12 Dental Screening; HL13 Tooth Brushing Procedures		

Performance Objective: The program promotes effective oral health hygiene.

1.0 Oral Health Practices

1.1 The program promotes effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

2.0 Oral Health Practices for Toddlers and Children 3 Years of Age+

2.1 The program encourages effective oral health practices for children through educational activities and effective dental hygiene.

2.2 All children’s teeth are brushed or gums are wiped once daily after a meal (breakfast or lunch).

2.3 The classroom daily schedule lists the times for daily tooth-brushing.

2.4 Classroom Teaching staff follow these procedures for brushing children’s teeth. Staff:

- a) Wash their hands and wear non-porous gloves.
- b) Remove the child’s toothbrush from the Caddy.
- c) Gently remove the cap from the toothbrush and place it on a paper towel.
- d) Apply a pea size amount of non-fluoride toothpaste to the rim of the disposal cup, and give to the child.
- e) Guide the child swiping the head of the toothbrush over the toothpaste on the inside of the cup.
- f) Lets child brush his or her own teeth.
- g) Encourage children to watch themselves in the mirror as their teeth are brushed.
- h) Place water into the same cup and give it to the child to rinse his/her mouth.
- i) Guide the child in thoroughly rinsing the toothbrush.
- j.) Store the toothbrush caddy under the caddy cover and out of the reach of children.

2.5 The program uses the Caddy System and/or Plak Smacker to implement daily tooth-brushing in the classroom routine, which includes:

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- a) One Caddy
- b) Fitted lids for Caddy (optional)
- c) Caddy cover
- d) Child size toothbrushes
- e) Fluoridated toothpaste (ADA Seal must be present)
- f) Fine tip permanent marker or label
- g) Paper towel or napkin
- h) Disposable non-latex gloves

2.6 Classroom Teaching staff is responsible for Caddy System set-up, which includes:

- a) Labeling each toothbrush cap, toothbrush handle, and toothbrush slot inside the toothbrush caddy with the child's name, using the fine tip permanent marker or a label.
- b) Ensuring that each child has his/her own toothbrush, clearly marked with identification.
- c) Storing toothpaste in the Caddy.
- d) Storing additional toothbrushes, and toothpaste in a separate location within the classroom.

3.0 General Instructions for Oral Health

3.1 The program uses toothpaste with fluoride in it.

3.2 If a child swallows toothpaste, classroom staff reminds the child not to do so, encourages the child to spit it out, and assures the child that he or she will not be harmed by ingesting a small amount of toothpaste.

3.3 If a child does not like toothpaste, classroom teaching staff use only a wet toothbrush.

3.4 No sharing or borrowing of toothbrushes is allowed.

3.5 Following use, toothbrushes are air dried and stored in the Caddy so that they do not touch each other.

3.6 Toothbrushes are discarded when:

- a) Toothbrush head becomes contaminated after touching another toothbrush.
- b) Toothbrush is dropped on the floor.
- c) Toothbrush is contaminated by blood.
- d) Child has been sick (vomiting).
- e) Toothbrush begins to show signs of wear.

3.7 Toothbrushes are changed tri-annually during the school year.

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- 3.8 Classroom Teaching staff change Caddy lids once they begin to show signs of wear, and after illness.
- 3.9 Classroom Teaching staff clean the Storage Caddy as needed with disinfectant solution.

4.0 Parent Education on the Importance of Tooth-brushing

- 4.1 The Health and Disabilities Coordinator provides parent education on the importance of tooth-brushing and gum-wiping for infants from 0 -1 year.
 - a) For example, the Health and Disabilities Coordinator communicates to the parent: “Dental decay is the most common health problem found in preschool age children. Teeth are extremely important to maintain good health. They help us chew our food, to speak clearly, and enhance our appearance. Unhealthy teeth can cause discomfort and pain, low self-esteem, poor speech, and developmental difficulties. Because teeth are so very important, daily dental hygiene is essential.”
- 4.2 The program provides dental health education by the use of posters, pictures, books, displays, accessing community resources, and by incorporating dental hygiene into the classroom activities to encourage and reinforce proper dental care.

Child Nutrition (HPS-NU)

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Policy ID 60005 (HPS-NU) Child Nutrition

Related Regulations:	1302.44		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/25/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:	Menus		
Forms:			
Former Policies:	NU02 Nutritional Services		

Performance Objective: The program designs and implements healthy nutrition services.

1.0 Child Nutrition Service Requirements

- 1.1 The program designs and implements nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities.
- 1.2 Family style meals are encouraged as described in §1302.31 e 2 (see [Policy ID 60008 \(HPS-NU\) Family Style Meal Service](#)).
- 1.3 Specifically, the program:
 - a) Ensures each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one-third to one-half of the child’s daily nutritional needs (see [Policy ID 60007 \(HPS-NU\) Provision of Nutrition Services](#));
 - b) Ensures each child in a program that operates for six hours or more per day receives meals and snacks that provide one-half to two-thirds of the child’s daily nutritional needs, depending upon the length of the program day;
 - c) Serves three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;
 - d) Feeds infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensures infants and young toddlers are fed on demand to the extent possible;
 - e) Ensures bottle-fed infants are never laid down to sleep with a bottle;
 - f) Serves all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;
 - g) Provides appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;
 - h) Promotes breastfeeding, including providing facilities to properly store and handle breast milk and makes accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provides referrals to lactation consultants or counselors (see [Policy ID 60021 \(HPS-NU\) Breastfeeding and Storage and Management of Breastmilk/Formula](#)); and,
 - i) Makes safe drinking water available to children during the program day (see [Policy ID 60022 \(HPS-NU\) Safe Drinking Water](#)).

2.0 Payment Sources

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- 2.1 The program uses funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services.
 - a) Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

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Policy ID 60006 (HPS-NU) Identification of Nutritional Needs

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	intake		
Evaluation:	menus		
Forms:	EZ Care Reports		
Former Policies	NU01 Identification of Nutritional Needs; HS08 Hemoglobin Follow up as part of Nutrition		

Performance Objective: The program works with families to identify the nutritional needs of enrolled children.

1.0 Identification of Nutritional Needs

- 1.1 Staff and families work together to identify each child’s nutritional needs, taking into account staff and family discussions concerning:
 - a) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit), including nutrition-related health problems such as obesity, iron deficiency, failure-to-thrive, food allergies including tree nut allergies, food intolerances, milk allergies, lactose intolerance, and anything else requiring special dietary considerations (e.g., diabetes).
 - b) Information about family eating patterns, including cultural, religious, ethnic, personal food preferences, and special dietary requirements for each child with nutritional-related health problems and the feeding requirements of infant and toddlers and each child with disabilities.
 - c) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information is shared with staff and parents and updated regularly.
 - d) Information about major community nutritional issues, as identified through Community Assessment or by the Health Services Advisory Committee or the local health department.
- 1.2 The Health and Disabilities Coordinator works with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.
- 1.3 Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists and/or dietitians are consulted on ways to assist Early Head Start and Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing or feeding themselves.
- 1.4 The nutrition plan for services for children with disabilities includes activities to help children with disabilities participate in meal and snack times with classmates.
- 1.5 The nutrition plan for services for children with disabilities addresses prevention of disabilities with a nutrition basis.
- 1.6 The Health and Disabilities Coordinator track each child’s height and weight and follow up as necessary.

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Policy ID 60007 (HPS-NU) Provision of Nutrition Services

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:			
Forms:	menus		
Former Policies:	NU02 Nutritional Services		

Performance Objective: The program designs and implements a nutrition program that meets the needs of each child.

1.0 Provision of Nutrition Services

- 1.1 The program designs and implements a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program serves a variety of foods which consider cultural and ethnic preferences, nutritional needs, feeding requirements, developmental readiness, and which broaden the child’s food experience.
 - a) Foods posing a high risk of choking for infants and toddlers (e.g. hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts) are not given to them.
 - b) Foods posing health risks are not offered to children younger than one year old.
- 1.2 The program uses funds from USDA Child and Adult Care Food Program (CACFP) as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.
- 1.3 Each child in a part-day center-based setting receives meals and snacks that provide at least one-third of the child’s daily nutrition.
- 1.4 Each child in a center-based full-day program receives meals and snacks that provide one-half to two-thirds of the child’s daily nutritional needs, depending upon the length of the program day.
- 1.5 All children in morning center-based settings who have not received breakfast at the time they arrive are served a nourishing breakfast.
- 1.6 Each infant and toddler in center-based settings receives food appropriate to his or her nutritional needs, developmental readiness, and feeding skills as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220 and 226.
- 1.7 3- to 5-year-olds in center-based settings, receive the quantities and kinds of food served conforming to recommendations in the USDA meal pattern or nutrient standard menu planning requirements outlined in CFR parts 210, 220 & 226.
- 1.8 For 3- to 5-year-olds in center-based settings or other Head Start and Early Head Start socialization experiences, foods served are high in nutrients and low in fat, sugar and salt.
- 1.9 Meal and snack periods in center-based settings are appropriately scheduled and adjusted when necessary, to ensure that individual needs are met.
 - a) Infants are fed “on demand” to the extent possible or at appropriate intervals.

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- b) Young toddlers are fed as needed or at appropriate intervals.
- 1.10 The program provides appropriate snacks and meals to each child during group socialization activities.
- a) The Health and Disabilities Coordinator and the Parent and Community Partnership Coordinator and Classroom Teaching staff communicate with parents to learn about children's nutritional needs requiring accommodation, including disability, food allergy, medically-based need, or other special dietary needs.
- 1.11 The program ensures that parents and appropriate community agencies (HAC) are involved in planning, implementing and evaluating the agencies' nutrition services.
- 1.12 The program implements parent education activities with opportunities to assist individual families with food selection and preparation and nutritional skills.

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-Policy ID 60008 (HPS-NU) Family Style Meal Service

Related Regulations:	1302.44 a 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:			
Forms:			
Former Policies:	NU03 Meal Services; NU10 Meal Procedures		

Performance Objective: The program ensures that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that they and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible.

1.0 Family Style – Before Meal or Snack

- 1.1 Classroom Teaching staff prepare children for mealtime by describing what they will be eating.
- 1.2 Before eating, children and adults wash their hands.
- 1.3 Classroom Teaching staff create an attractive arrangement using child-size furniture, plates, cups, utensils, and pitchers (optional).
- 1.4 Classroom Teaching staff and Volunteers ensure that surfaces have been properly cleaned and avoid cross-contamination before the children arrive at the table.
- 1.5 Classroom Teaching staff place tables far enough apart to permit walking between them and quiet conversation to take place.
- 1.6 Each table seats five to eight children with one adult.
- 1.7 Adults (Teachers, Teacher Assistants, Parent Volunteers) set the table for all children and adults, and children (“Helpers”) may assist in the table setting.
- 1.8 No salt or sugar is served at the table.
- 1.9 Children should never handle raw meats.
- 1.10 Children are allowed to arrange prepared food on a tray, mix the salad, or set the table.
- 1.11 Sharp knives are put away, out of reach of children.
- 1.12 Adults model good hygiene, safety practices and manners.
- 1.13 Food spills are cleaned up by the spiller with adult assistance as necessary.
- 1.14 Children wash hands before helping with the meal and sitting down to eat. Adults can model this behavior by washing their hands with the children.
- 1.15 All food provided during meals is placed on each table in the proper serving dishes and with the proper serving utensils.

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1.16 Classroom Teaching staff ensure that there is at least one adult present at each table.

2.0 Family Style Meal Service

2.1 The program ensures that nutrition services in center-based settings contribute to the development and socialization of enrolled children by providing that:

- a) The food provided helps meet each child's daily nutritional needs in a pleasant environment recognizing individual differences and cultural patterns.
- b) There are opportunities for program staff, children and parents to learn and gain an understanding of the relationship between good nutrition habits and increased health and well-being, including the factors which influence eating habits
- c) A variety of food is served which broadens each child's food experiences.
- d) Fresh foods and whole foods are provided; processed foods are not encouraged.
- e) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food.
- f) Sufficient time is allowed for each child to eat.
- g) All enrolled toddlers and children and assigned Classroom staff, including Volunteers, eat together family style and share the same menu to the extent possible.
- h) Child-led conversation is encouraged during meal time.
- i) Adults provide a relaxed atmosphere.
- j) When Teachers are unable to have their meals at the same time as children, other designated staff and/or volunteers eat and converse with the children during mealtime.
- k) Teachers use mealtime as an opportunity to model language, encourage conversation, and social interaction and to introduce nutritious foods.
- l) The environment supports and promotes the use of the feeding situation as an opportunity for learning.
- m) Infants are held while being fed and are not laid down to sleep with a bottle.
- n) Medically-based diets or other dietary requirements are accommodated.
- o) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

3.0 Components of Family Style Meal Service

3.1 Adults in the classroom should make sure eating surfaces have been properly cleaned before children arrive to help.

3.2 Adults are encouraged to let children help in the meal process to the extent possible and in ways that are developmentally appropriate. This provides learning and decision making experiences and can include things such as:

- a) helping set the table
- b) passing food bowls if the food is not too hot

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- c) pouring drinks
- d) preparing food
- e) serving food
- f) cleaning up (i.e., scraping their own plate, wiping tables, etc.)

3.3 Adults model good safety practices, manners, and hygiene.

- a) Children and adults wash their hands before meal times.
- b) Relaxed, polite conversation occurs during meals.
- c) Adults provide opportunities for nutrition education such as teaching serving sizes or talking about healthy foods and food groups.
- d) Adults help build independence by allowing children to make decisions and take responsibility (i.e., how much food they have on their plate, helping to clean up when they make a mess, etc.)
- e) Adults' plates include the same foods as the children's plates.
- f) Adults do not discuss their food biases with children.
- g) Adults encourage children to try all foods offered.
- h) No sugar or salt is served at the table.
- i) All components of the meal are offered at the same time.
- j) Adults model a willingness to try new or different foods while also honestly sharing, in a positive way, their food preferences.

3.4 When possible, children serve themselves from the foods provided during all meals.

3.5 Classroom staff clean and sanitize the table and dining area after meals.

4.0 Family Style – After the Meal or Snack

- 4.1 Helpers finish cleaning and wash the tables.
- 4.2 Children scrape their own saucers or plates, discard disposable items and assist in other ways to clean up.
- 4.3 Clean cloths (not sponges) and proper disinfectant are used for sanitizing surfaces.
- 4.4 Everybody washes their hands after clean-up.

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-Policy ID 60009 (HPS-NU) Diet and Nutrition History

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Reviewed by:	Policy Council 4/3/2024		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Intake and ongoing		
Evaluation:	Health History Packet		
Forms:			
Former Policies:	ED04 Health Education Plan; NU08 Food Allergies and Menu Substitutions		

Performance Objective: The program’s Nutrition staff uses the information from the screening for developmental sensory, and behavioral concerns, the *Health History Packet*, the ongoing observation, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths and needs.

1.0 Diet and Nutrition History

- 1.1 The program implements a nutrition program that meets the nutritional needs and feeding requirements of each child.
- 1.2 The Health and Disabilities Coordinator and the Parent and Community Partnership Coordinator interview parents or guardians and assist in completing the *Health History Packet* for children aged 3 to 5 during the enrollment process.
- 1.3 The Health and Disabilities Coordinator and the Parent and Community Partnership Coordinator give each parent the nutrition education handout *MyPlate* and *MyTips for Families* during the enrollment process.
 - a) After staff communicate this with parents, the Health and Disabilities Coordinator enters the date in the upper right-hand corner of the form as documentation that nutrition education has been provided to the family.
 - b) Once completed, Health and Disabilities Coordinator place the Health History Packet in the child’s file for identification of need by Food and Nutrition staff.
- 1.4 The Health and Disabilities Coordinator reviews the Health History Packet to determine the nutritional status of the child and to identify special diet needs and/or potential areas of concern that may affect his or her behavior in the classroom and during mealtime.
- 1.5 The Health and Disabilities Coordinator informs the Food Service Worker of any special meal needs in writing, and enters same in database for Special Instructions Report.

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Policy ID 60010 (HPS-NU) Special Diet/Food Allergy Accommodation

Related Regulations:	1302.44 a; 1302.47 b 7 vi		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Reviewed by:	Policy Council 4/3/2024		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:	Form: <i>CACFP Special Diet/Food Allergy Statement</i>		
Forms:			
Former Policies:	NU08 Food Allergies and Menu Substitutions		

Performance Objective: The program accommodates medically-based diets or other dietary requirements for enrolled children.

1.0 Special Diet/Food Allergy Accommodation

- 1.1 If an allergy or special dietary need or condition (medical or religious) is noted during enrollment or participation, the Health and Disabilities Coordinator works with parents to complete a *CACFP Special Diet/Food Allergy Statement*.
 - a) The Health and Disabilities Coordinator emphasize to the parents/guardians the importance of completing the form.
 - b) When there are medical indications that a special diet must replace some of the required foods, then Health and Disabilities Coordinator asks parents to have the *CACFP Special Diet/Food Allergy Statement* signed by a physician which includes signed and dated instructions for any modifications or substitutions.
- 1.2 Once the form is received, the Health and Disabilities places it in the child’s file in the appropriate sequence and provides a copy for the Food Service Worker and the meal provider or vendor, and enters the information in the electronic record-keeping system.
- 1.3 If a physician prescribes a formula or a food/drink supplement (like Pedia-Sure), the above process shall apply.
- 1.5 When applicable, Health and Disabilities Coordinator completes the EZ Care- Special Instructions Report or other chart indicating food intolerances and allergies and posts it in both kitchens within a privacy sheet, labeled with its content.
- 1.7 All parties involved with the child are made aware of the special condition and outcomes if the instructions are not followed correctly.
- 1.8 The Health and Disabilities Coordinator and Classroom Teachers monitor the process and follow-up.
- 1.9 The Health and Disabilities Coordinator consults with appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists or dietitians on ways to assist staff and parents of children with severe disabilities or with problems chewing, swallowing and/or feeding themselves.

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-Policy ID 60011 (HPS-NU) Menu Approval

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Reviewed by:	Policy Council 4/3/2024		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Annually		
Evaluation:	Posted menus		
Forms:			
Former Policies:	NU03 Meal Services		

Performance Objective: The program implements a nutrition program and menu that meets the nutritional needs and feeding requirements of each child.

1.0 Menu Approval

- 1.1 The program utilizes a two week cycle menu which is adjusted for seasonal foods. The cycle menus are submitted to a Registered Dietitian annually for review, suggestions and approval.
- 1.2 The Registered Dietitian evaluates menus according to Head Start Performance Standards, Child and Adult Care Food Program (CACFP) guidelines, and Basic Nutrition/Menu Planning guidelines.
 - a) If errors in the menus are identified, the Registered Dietitian notifies the Health and Disabilities Coordinator of necessary changes that must be made before menu approval.
- 1.3 After reviewing the submitted menus, the Registered Dietitian sends an approval letter and/or e-mail to the Health and Disabilities Coordinator.

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Policy ID 60012 (HPS-NU) Menu Substitutions

Related Regulations:	(1302.44 a)		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/30/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As needed		
Evaluation:	Posted menus		
Forms:			
Former Policies:	NU08 Food Allergies and Menu Substitutions		

Performance Objective: The program implements a nutrition program and menu that meets the nutritional needs and feeding requirements of each child.

1.0 Menu Substitutions

- 1.1 The program substitutes items on the menu as appropriate for each child’s needs.
- 1.2 The Health and Disabilities Coordinator reviews the substitution request then contacts the Food Service Worker to determine an appropriate alternate as needed using the doctor’s statement as guidance.
- 1.3 Program Food Service Worker send e-mail to the meal preparer or vendor the day before and no later than 8:00 a.m. on the day the substitution is to be made.
- 1.4 The menu substitution is written on the posted menu by the Food Service Worker.
 - a) Menus are posted in view for the parent and public.

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Policy ID 60014 (HPS-NU) Nutrition Education for Children

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily		
Evaluation:	Lesson plans		
Forms:			
Former Policies:	ED04 Health Education Plan; NU03 Meal Services		

Performance Objective: The program ensures that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that as developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

1.0 Nutrition Education for Children

- 1.1 Classroom Teaching staff discuss the menu with children prior to each meal.
- 1.2 Classroom staff teach nutrition education activities through food experiences, cooking activities, books, puzzles, games, puppets and other educational media.
- 1.3 The program's nutrition education topics covered include, but are not limited to the following topics:
 - a) Manners
 - b) Hand-washing and hygiene
 - c) Where food comes from
 - d) Colors, shapes, and textures of food
 - e) Food safety and nutrition
 - f) Foods that help us Grow/Glow/Go
 - g) CACFP Food Plate
- 1.4 Teachers document nutrition education on weekly lesson plans.

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Policy ID 60015 (HPS-NU) Parent Involvement in Nutrition

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Evaluation:			
Forms:			
Former Policies:	ED04 Health Education Plan; NU03 Meal Services; FP05 Parent Involvement in Child Development and Education		

Performance Objective: The program encourages parents to participate in nutrition activities and education. The program provides nutrition services and follow-up for families with children identified as having nutrition problems.

1.0 Parent Involvement in Nutrition

1.1 The program encourages parents to participate in nutrition activities such as:

- a) Helping prepare meals in the classroom,
- b) Co-planning menus (within established guidelines),
- c) Contributing recipes of their child’s favorite foods and/or cultural recipes,
- d) Acting as chaperone for nutrition-related field trips,
- e) Working with groups of children on cooking projects,
- f) Making materials for nutrition learning activities,
- g) Collecting appropriate food packages and other props to be used in role-playing activities,
- h) Supervising the children during meal time,
- i) Conferring with caregivers or teachers about feeding problems,
- j) Placing recipes on displays or helping develop nutrition-related bulletin boards,
- k) Writing or contributing recipes or nutritional-related concerns to a newsletter.
- l) Parent feedback is sought regarding menus their children like/don’t like

1.2 The program encourages such parent participation by means of verbal and/or written communication.

1.3 Parent education activities include opportunities to assist individual families with food preparation and nutritional activities.

2.0 Nutrition Management

2.1 When a nutrition concern needs to be addressed, the Classroom Teacher sends the child’s name, description of nutritional issue(s) and related information to Health and Disabilities Coordinator.

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- 1.2 The Health and Disabilities Coordinator and Registered Dietitian select and distribute nutritional handouts and literature to the parent, depending upon the identified problem.
- 1.3 As needed the Health and Disabilities Coordinator refers parents to appropriate nutrition-related services.
- 1.4 The Health and Disabilities Coordinator documents the referral made and the handouts distributed to parents in the child's file and electronic record-keeping system.
- 1.5 The Registered Dietitian is available for parents to discuss nutrition concerns or questions by appointment.

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-Policy ID 60016 (HPS-NU) No Food Brought in From the Outside

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Observation		
Forms:			
Former Policies:	NU09: Parent Request to Provide Child's Food; Parent Handbook		

Performance Objective: The program is responsible for meeting the nutritional needs and feeding requirements of each child, including those with special dietary needs (allergies and parent preferences) and children with disabilities.

1.0 No Food Brought in From the Outside

- 1.1 No food is to be brought into Head Start/Early Head Start Centers by staff or parents with the exception of: infant formula, breast milk, unopened jars of baby food.
 - a) Additional exceptions may apply to parents providing authentic cultural foods for children to sample. (must be approved in advance by Health and Disabilities Coordinator)
 - b) In cases of severe food allergies, see #2 below
- 1.2 Food served to Head Start/Early Head Start children is prepared by qualified Head Start staff and is approved by the Registered Dietitian.
- 1.3 The program is responsible for meeting the nutritional needs of all enrolled children while onsite.
- 1.4 The program meets the needs of children with special dietary needs.
- 1.5 The program monitors and provides nutritious meals for children with allergies.
- 1.6 The program honors parent preferences to the extent possible.
- 1.7 All foods are purchased from approved vendors.
- 1.8 Fried food is seldom included in Head Start or Early Head Start menus.
- 1.9 The Registered Dietician is available for parents to discuss nutrition concerns, with appointment.

2.0 In Cases of Severe Food Allergies

- a) Parent requests to supply foods will only be accepted in cases of severe food related allergies documented by a physician.
- b) The physician must also document appropriate food alternatives
- c) The meals provided by the parent must comply with the CACFP meal pattern guidelines. Snack foods or junk foods are not considered appropriate food alternatives.

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Policy ID 60017 (HPS-NU) Child and Adult Care Food Program (CACFP)

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Responsibility:	Program Manager / Health and Disabilities Coordinator		
Timeline:	Throughout program year and at point of service		
Evaluation:	Monthly CACFP Meal Claim/ Payment Summary		
Forms:	Meal Counts Forms		
Former Policies:	NU10: CACFP Meal Procedures; NU11 Meal Counts		

Performance Objective: Head Start requires the use of CACFP funds to cover the costs of meals for enrolled children.

1.0 CACFP Meal Benefit Form / Application for Free or Reduced Meals

- 1.1 The Health and Disabilities Coordinator and Administrative Assistant will annually assist parents to complete and sign a *CACFP Meal Benefit Form / Application for Free Meals and Reduced Price meals* for every child enrolled in the Child Care Program. These forms must be obtained annually by October 31st.
- 1.2 The Administrative Assistant also ensures each child (Head Start and Child Care) has completed an annual Enrollment Agreement, indicating in which program the child is enrolled, and the times and meals that will be provided.
 - a) The Administrative Assistant keeps the Meal Benefit Forms and Enrollment Agreements on file as back up to the CACFP annual roster.
- 1.3 Head Start Children are considered categorically as “Free” by the CACFP program

2.0 Annual CACFP Roster

- 2.1 The Administrative Assistant and Health and Disabilities Coordinator ensure that the Annual CACFP Roster is completed by October 31st each year. This roster must contain: Food Program Free/ Reduced/ Base
 - a) Child’s first and last name
 - b) Class name
 - c) Enrollment date
 - d) Leave date
 - e) USDA Status (free/reduced/base)
- 2.2 This roster may be completed electronically (EZ Care Report: Food Program Free/ Reduced/ Base) or other electronic data base, or by hand using CACFP Form 14 Child Care Eligibility Roster.
- 2.3 The CACFP Food Program Roster is signed by the Program Manager and or Health and Disabilities Coordinator and kept on file electronically. (Doc star or equivalent system)

3.0 State CACFP Meal Count

- 3.1 The program follows all applicable CACFP guidelines, including meal counts, use of family-style dining, etc.
 - a) All Meal counts are taken at point of service.
 - b) Copies of meal count documents are kept on file.

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-Policy ID 60019 (HPS-NU) WIC Referral

Related Regulations:	1302.44 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Parent and Community Partnership Coordinator		
Timeline:	Throughout program year and at point of service		
Forms:			
Former Policies:	FP03 Services to Pregnant Women;		

Performance Objective: The program works collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family’s interests and goals, including emergency or crisis assistance in areas such as food.

1.0 CACFP Requirement

1.1 In compliance with CACFP requirements, the program provides WIC information to parents upon enrollment.

2.0 WIC Information Flyer

2.1 The Parent and Community Partnership Coordinator ensures that a *WIC Informational Flyer* is included in the enrollment packet.

2.2 If parents are not already receiving WIC services but are interested, staff assist them in completing a the *WIC Referral Form*.

- a) The Parent and Community Partnership Coordinator documents the referral in the electronic record-keeping system.
- b) The Parent and Community Partnership Coordinator ensures follow up with parent/guardian within 30 days to evaluate follow through with the referral to see if parent/guardian has begun to receive services or if they need assistance from staff.
 - i) The Parent and Community Partnership Coordinator will assist parents/guardians as needed.

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Policy ID 60020 (HPS-NU) Food Safety and Sanitation -- Compliance and Posting

Related Regulations:	1302.47 b 5 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/1/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Throughout program year and at point of service		
Evaluation:	Postings		
Forms:			
Former Policies:	FC01 Head Start Physical Environment and Facilities: FC13 Certification of Health and Safety Facility Inspection		

Performance Objective: The program complies with all applicable Federal, State, and local food safety and sanitation laws and posts evidence of compliance with applicable laws and appropriate licenses and certificates.

1.0 Food Safety and Sanitation -- Compliance and Posting

1.1 The program posts evidence of compliance (licenses, certificates) with all applicable Indian Health Services food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers.

1.2 In addition, the program contracts only with food service vendors that are licensed in accordance with State or local laws.

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Policy ID 60022 (HPS-NU) Safe Drinking Water

Related Regulations:	1302.44 a 2 ix		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/7/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Throughout program year and at point of service		
Timeline:	Ongoing		
Evaluation:	documentation of inspection		
Forms:			
Former Policies:			

Performance Objective: The program makes safe drinking water available to children during the program day.

1.0 Safe Drinking Water

- 1.1 Only sources of water approved by the local or state health authority are used.
- 1.2 The program obtains and posts documentation of licensing inspection for water supply deemed adequate and approved by Redding Rancheria Environmental Services, which includes the date of the most recent inspection.

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-Policy ID 60023 (HPS-NU) Lead Policy

Related Regulations:	HAC Policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/7/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Documented lead screening test results		
Forms:			
Former Policies:	Enrollment Packet; Health Roundup Screening Form		

Performance Objective: The program promotes lead testing for all enrolled children.

1.0 Lead Policy

- 1.1 All Medicaid-eligible children and/or those living in high risk zip codes enrolled in Early Head Start are tested for lead levels at 1 and 2 years of age.
- 1.2 All Medicaid-eligible children and/or those living in high risk zip codes enrolled in Head Start 3-6 years of age are tested once if they have not yet been tested for lead.
- 1.3 The Redding Rancheria Head Start Health Advisory Committee considers Shasta County as high risk for elevated lead levels in children.
- 1.4 The program recommends that parents ask their primary care physician to utilize a Risk Assessment Questionnaire twice between 9 and 36 months of age with 12 months between Assessments unless clinically indicated sooner.
- 1.5 At the time of enrollment, the Health and Disabilities Coordinator gives parents a *Lead Poisoning Flier*.

2.0 Lead Testing

- 2.1 Parents are asked to provide results of their child’s lead test at the time of enrollment.
 - a) If parents cannot provide the results of their child’s lead test, the Health and Disabilities Coordinator educates parents about the requirement and the importance of having their child’s lead level tested.
 - b) The Health and Disabilities Coordinator gives parents resources of testing sites, including the Redding Rancheria Indian Health Clinic and assists them in making appointments if needed.

Child Mental Health and
Social and Emotional
Well-Being (HPS-MH)

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***Policy ID 61000 (HPS-MH) Child Mental Health and Social and Emotional Well-being**

Related Regulations:	1302.45 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/8/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	CLASS observation monitoring tool		
Forms:			
Former Policies	MH01 Mental Health Services / Parent Education; ED05 Positive Behavior Management		

Performance Objective: The program promotes and supports wellness.

1.0 Wellness Promotion

1.1 To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, the program:

- a) Provides supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;
- b) Secures mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner (see [Policy ID 61001 \(HPS-MH\) Mental Health Consultants](#) and [Policy ID 61001.1 \(HPS-MH\) Mental Health Consultant/Mental Health Professional Services](#));
- c) Obtains parental consent for mental health consultation services at enrollment; and (see [Policy ID 61010 \(HPS-MH\) Parent Involvement in Child Mental Health](#)),
- d) Builds community partnerships to facilitate access to additional mental health resources and services, as needed.

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*** Policy ID 61001 (HPS-MH) Mental Health Consultants**

Related Regulations:	1302.45 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/8/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	MH02 Mental Health Services and Professionals		

Performance Objective: The program ensures the assistance of Mental Health Consultant/s in accordance with the requirements.

1.0 Mental Health Consultants

1.1 Mental and Behavioral Health Services provided in-kind by Redding Rancheria Tribal Health Clinic.

1.2 The program ensures Mental Health Consultants assist:

- a) The program to implement strategies to identify and support children with mental health and social and emotional concerns;
- b) Teachers and Assistant Teachers, to improve classroom management and Teacher practices through strategies that include using classroom observations and consultations to address Teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;
- c) Other staff, including Health and Disabilities Coordinator, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation (see [Policy ID 61004 \(HPS-MH\) Child Mental Health Observation – Classroom and Individual](#));
- d) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors (see also [Policy ID 75011 \(DS\) Concern Child Process](#));
- e) In helping both parents and staff to understand mental health and access mental health interventions, if needed (see [Policy ID 61011 \(HPS-MH\) Parent Education in Mental Health](#) and [Policy ID 61009 \(HPS-MH\) Parent Emergency Mental Health Referrals](#)); and
- f) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17 (see [Policy ID 20007 \(ERSEA\) Suspension and Expulsion of Children](#)).

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***Policy ID 61001A (HPS-MH) Mental Health Consultant/Mental Health Professional Services**

Related Regulations:	1302.45 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/8/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	MH02 Mental Health Services and Professionals; MH03 On Site Consultation		

Performance Objective: The program secures the services of a licensed Mental Health Professional (MHP) on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child’s mental health.

1.0 Mental Health Consultant/Mental Health Professional Services

- 1.1 Based on the information in the Community Assessment, including the types of services parent requests and the population demographics, the program establishes an appropriate frequency of MHP visits to address mental health concerns.
- 1.2 Program Management and the MHP implement a process for identifying mental health concerns about a child by using multiple forms of observations and documentation such as screenings, observations, examinations and formal evaluations.
- 1.3 Mental health services are structured to support Teachers with addressing child mental health concerns, such as depression, withdrawal, anxiety, or abuse, behavioral and social-emotional concerns.
- 1.4 When there is a child mental health concern, Classroom Teaching staff inform the Health and Disabilities Coordinator who initiates a referral to the Mental Health Professional. (parental permission prior).
- 1.5 In accordance with [Policy ID 60003 \(HPS\) Child Health Status and Care](#), the MHP reviews the ASQ-SE screening results to tailor program services for children of concern.
- 1.6 The Health and Disabilities Coordinator and the MHP are responsible for addressing mental health concerns in a timely manner, which can include referrals, classroom adaptations, and/or interventions.
- 1.7 The regular schedule of MHP consultations is implemented across all program options.
- 1.8 The MHP is responsible for follow-up on mental health referrals.

2.0 MHP On-Site Consultation

- 2.1 The MHP provides on-site mental health consultation which involves training and education on how to design and implement program practices responsive to the behavioral and mental health concerns of an individual child or group of children.
- 2.2 The MHP schedule of on-site consultations is sufficient to enable timely and effective identification of and intervention in family and staff concerns about a child’s mental health. This schedule is shared with parents.

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***Policy ID 61002 (HPS-MH) Child Mental Health/Behavior Protocol**

Related Regulations:	1302.45 a 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/7/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Screening/Assessment results, observation, referral follow-up		
Forms:			
Former Policies:	ED06 Child Study Team/ Child Support Plans (Legal to review additions in red)		

Performance Objective: As a general education setting, the program promotes children’s mental health, social and emotional well-being.

1.0 Child Mental Health Protocol

- 1.1 The program’s mental health protocol provides for the active involvement of parents in planning and implementing any mental health interventions for their children.
- 1.2 The child mental health protocol involves:
 - a) Screening/Assessment
 - b) Classroom Observation
 - c) Child Observation
 - d) Referral

2.0 Screening and Assessment Results

- 2.1 When a child’s mental health screening or assessment reveals a concern, the Teacher forwards the information to the Health and Disabilities Coordinator who documents the concern in the electronic record-keeping system and schedule the classroom observation with the Teacher.

3.0 Observation

- 3.1 The Mental Health Consultant gathers data such as child observations, assessments and other information as applicable.
- 3.2 The Mental Health Consultant conducts a formal classroom observation to ensure that universal supports are in place at the classroom level.
- 3.3 The Mental Health Consultant and Classroom Teachers incorporate the Pyramid Model for Supporting Social Emotional Competence from the Center on Social Emotional Foundations for Early Learning (CSEFEK Pyramid Model)> throughout the process.

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- 3.4 The Mental Health Consultant observes the child in the classroom to assess specific child behaviors and/or classroom-specific behaviors or problems. The MHP may observe individual children and/or groups of children to promote mental wellness.
- 3.5 If concerns are identified with the classroom observation, the Mental Health Professional schedules a meeting with the Classroom Teaching staff, Mentor Teacher, and Health and Disabilities Coordinator and Program Manager.
- a) They develop a plan to address the concerns.
- 3.5 After the plan is implemented the MHP observes the classroom to determine and support progress.

4.0 Redding Rancheria Child Study Team

- 4.1 A Child Study team meeting shall be scheduled as soon as possible. Participants may include: parents, teachers, Head Start and Child Care staff, psychologist or other Mental Health Professionals, speech therapists, school district representatives and other consultants.
- 4.2 Behaviors or situations that could trigger the Child Study Team are:
- A continued physical or emotional threat to the other children or staff
 - A continued disruption to daily activities
 - Inability to participate in daily or special activities
 - Continued lack of developmental or behavioral growth
 - Self-abusing behaviors
 - Repeated running from the classroom
- 4.3 When both specific child behaviors and classroom-specific behaviors or problems are present, the Child Study Team recommend classroom strategies and/or classroom modifications for the Teacher to implement (Child Support Plans.) This may also include a temporary modified attendance schedule, parent participation in classroom or field trips, etc.
- 4.4 Meeting minutes and Child Support Plans are kept at the Head Start site under lock and key.
- 4.5 The Classroom Teacher ensures the information is documented in the electronic record-keeping system.

4.0 Parent Support

- 4.1 The Health and Disabilities Coordinator and Classroom Teacher meet with the parent to discuss concerns and offer the option of further mental health services, including individual therapy for child or parent.
- 4.2 If the parent agrees to mental health services, the parent completes the: *Mental Health Referral Form* and signs the *Permission Form*.

5.0 Referral

- 5.1 The Health and Disabilities Coordinator issues the referral to the Mental Health Professional.
- 5.2 The MHP reviews the child's file, and scheduled an observation with the Classroom Teacher.
- 5.3 The MHP observes the child in the classroom.
- 5.5 The MHP contacts the parent and the Health and Disabilities Coordinator to discuss the concerns.
- 5.6 The MHP completes an assessment of the concerns/issue and makes recommendations and referrals for continued services.

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5.7 The MHP meets with the parents and Mentor Teacher, Classroom Teacher, and Health and Disabilities Coordinator as a working Child Study Team on a regular basis to determine if the recommendations and referrals are meeting the needs of the child.

6.0 Persistent issues

6.1 If the situation persists, the Redding Rancheria works with the above partners to refer children for more in-depth screening, assessment or other observations; a referral to the child's school district of residence is required to ensure the child's special needs are appropriately addressed through the IEP process.

6.2 When all these efforts fail and only as a last resort, and the action or physical or behavior or condition continues, the child shall be suspended and or terminated from the program, and alternative more appropriate placement recommended. This decision will be based on the information provided by the Child Study Team and the information and recommendations included in the child's assessments and IEP. The decision will be made by the Program Manager and the Education Director.

6.3 The Redding Rancheria recognizes that parental participation and support is essential during this process, and without which, the child's continued enrollment could be jeopardized.

6.4 As a general education setting, the Redding Rancheria relies on the special education services provided by each child's public school district through the IEP process, and without which, the child's continued enrollment could be jeopardized. The Redding Rancheria cannot accept sole responsibility for meeting every child's special needs.

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***Policy ID 61003 (HPS-MH) Child Mental Health Referral – Parent-Initiated**

Related Regulations:	1302.45 a 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/7/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	<i>Mental Health Referral Form</i>		
Forms:			
Former Policies:			

Performance Objective: Parents can initiate a child mental health referral any time they have a concern.

1.0 Parent-Initiated Child Mental Health Referrals

- 1.1 Parents can make referrals to ensure timely and effective identification of, and intervention in, family and staff concerns about a child’s mental health.
- 1.2 To initiate a referral, the parent completes the appropriate section in the *Mental Health Referral Form*, which gives the program permission to assess the child.
- 1.3 The Health and Disabilities Coordinator forwards the request to the MHP and enters the referral into the electronic record-keeping system.
- 1.4 If the MHP determines there is a need to observe the child, the MHP works with classroom staff to schedule the observation.
- 1.5 See [Policy ID 61002 \(HPS-MH\) Child Mental Health/Behavior Protocol](#) for ensuing steps.

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-Policy ID 61006 (HPS-MH) Mental Health Contact Log

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	<i>Mental Health Weekly Contact Log for Mental Health Professional Form</i>		
Forms:			
Former Policies:			

Performance Objective: The program’s Health and Disabilities Coordinator work with the Mental Health Professional and parents to include a regular schedule of on-site mental health consultation.

1.0 Mental Health Schedule

- 1.1 In accordance with the contract (or other legally binding agreement) the Mental Health Professional and the Health and Disabilities Coordinator:
- a) prepare a Mental Health Consultation schedule.
 - b) post the Mental Health Consultation schedule is posted in a conspicuous place at each site and shared with Home School families
 - c) maintain a binder with the Mental Health Professional Sign-In Sheet
 - d) keep Children’s Mental Health files in a location that is secure, locked, and separate from the child’s main file.

2.0 Mental Health Contact Log

- 2.1 The MHP documents services to children and families on the *Mental Health Weekly Contact Log for Mental Health Professional Form*.
- 2.2 All programs must have written mental health documentation for children who receive program or referred mental health services.

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Policy ID 61007 (HPS-MH) Follow-Up Procedures for Child Mental Health and Disabilities Concerns

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	Electronic record-keeping system Mental Health and Disabilities tab; <i>Progress Notes</i>		
Forms:			
Former Policies:			

Performance Objective: The program follows up to ensure that services for child mental health and disability are obtained by the child and family as needed.

1.0 Follow-up for Mental Health and Disabilities Concerns

- 1.1 The Health and Disabilities Coordinator communicates with the parents and service providers to ensure that services for child mental health and disability are obtained by the child and family as needed.
 - 1.2 The Health and Disabilities Coordinator documents all follow up in the Mental Health and Disabilities section of the electronic record-keeping system at the time of or soon after meeting with the parent.
1. The Health and Disabilities Coordinator places the *Progress Notes* printouts from the electronic record-keeping system in the child’s file.

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Policy ID 61008 (HPS-MH) Emergency Child Mental Health Referrals

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	Mental Health referral		
Forms:			
Former Policies:	ED06 Child Study Team		

Performance Objective: All Head Start/Early Head Start programs operated under the Grantee, establish and implement policies and procedures to respond to mental health emergencies, with which all staff are familiar and trained.

1.0 Child Mental Health Emergency

- 1.1 Teachers, Classroom staff, Parent and Community Partnership Coordinator, Health and Disabilities Coordinator and Program Manager are trained in identifying behaviors that indicate child mental health issues.
- 1.2 The priority for Classroom Teaching staff when encountering a child emergency mental health issue is the safety and well-being of everyone in the classroom.
- 1.3 When any staff member suspects a mental health emergency/crisis involving an enrolled child, they must immediately contact the Health and Disabilities Coordinator .
 - a) In emergency child mental health situations, the Program Manager or Health and Disabilities Coordinator call the child’s parents and if necessary 911.
 - b) when the situation has risen to an unreasonable level, the parents or guardians will be called to come take the child home.
- 1.4 If the situation is severe, all staff follow the procedures outlined in [Policy ID 304 \(HS\) Health Emergency Procedures](#).
- 1.5 Teachers, Classroom staff, Parent and Community Partnership Coordinator, Health and Disabilities Coordinator and Program Manager can make referrals to ensure timely and effective identification of, and intervention in, family and staff concerns about a child’s mental health.
- 1.6 Staff then verify that the <Form:Mental Health Referral Form> has been signed by the parent, which gives the program permission to assess the child.
 - a) See [Policy ID 61002 \(HPS-MH\) Child Mental Health/Behavior Protocol](#).
- 1.7 The following situations are reasons to initiate an Emergency Mental Health Referral:
 - a) Child harming self or others;
 - b) Extremely aggressive behavior; a continued physical or emotional threat to the other children or staff
 - c) Inability to participate in daily or special activities
 - d) Repeated running from the classroom
 - f) Death or loss of a parent or loved one;
 - g) Disaster or traumatizing event.

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2.0 Child Mental Health Emergency Referral

2.1 The Health and Disabilities Coordinator completes the referral process as in: 61002 Child Mental Health/ Behavior Protocol.

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Policy ID 61009 (HPS-MH) Parent Emergency Mental Health Referrals

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	Form: <i>Mental Health Referral Form</i>		
Forms:			
Former Policies:			

Performance Objective: Programs implement policies and procedures to respond to family mental health emergencies.

1.0 Parent Emergency Mental Health Referrals

- 1.1 The Parent and Community Partnership Coordinator and Health and Disabilities Coordinator are trained to support families experiencing mental health emergencies.
- 1.2 Any time staff members suspect an emergency mental health concern because a parent has indicated that they will do harm to themselves or others, staff must immediately contact the Health and Disabilities Coordinator and call 911 and follow those instructions.
- 1.3 The Health and Disabilities Coordinator then immediately contacts the Mental Health Professional, who makes an immediate assessment of the situation.
- 1.4 In emergency mental health situations, the Parent and Community Partnership Coordinator and Health and Disabilities Coordinator can make referrals for the family to ensure timely support of a parent’s mental health.
- 1.5 As applicable, staff follow the procedures in [Policy ID 304 \(HS\) Health Emergency Procedures](#).
- 1.6 Upon resolution of the parent mental health emergency, the Health and Disabilities Coordinator records and files a confidential record of the incident.

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Policy ID 61010 (HPS-MH) Parent Involvement in Child Mental Health

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	Form: <i>Mental Health Referral Form</i>		
Forms:			
Former Policies:	MH01 Mental Health Services; FP06 Parent Involvement Health, Nutrition and Mental Health		

Performance Objective: The program works collaboratively with parents for issues related to their child’s mental health.

1.0 Program Collaboration with Parents

1.1 The Teachers, Parent and Community Partnership Coordinator and Health and Disability Coordinator work collaboratively with parents on issues related to parent education by:

- a) Soliciting parental information, observations, and concerns about their child’s mental health;
- b) Sharing staff observation of their child and discussing and anticipating with parents their child’s behavior and development, including separation and attachment issues;
- c) Discussing and identifying with parents appropriate responses to their child’s behaviors;
- d) Discussing how to strengthen nurturing, supportive environments, and relationships in the home (and at the program);
- e) Helping parents to better understand mental health issues; and
- f) Supporting parents’ participation in any needed mental health interventions.

2.0 Parent Involvement in Mental Health

2.1 The Teachers, Parent and Community Partnership Coordinator and Health and Disability Coordinator encourage and expect parents to be directly involved with:

- a) Meetings and interventions for their child as necessary;
- b) Training to be able to identify and discuss issues related to mental health;
- c) Getting a better understanding of mental health in children;
- d) Attending team meetings to discuss mental health issues related to their child and family;
- e) Attending meetings that involve the Mental Health Professional in order to receive and share information concerning the presiding issues;

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f) Participating in meetings involving classroom staff and other professionals in order to observe and assess the child's mental health issues;

g) Developing the child's behavior plan for classroom and the home; and

h) Planning and implementing any needed mental health interventions for their child, family, and parent/child activities.

3.0 Parent Consent

3.1 The Teachers, Parent and Community Partnership Coordinator and Health and Disability Coordinator ask parents to complete and sign the *Mental Health Referral Form* which when signed indicates parental consent for a child's mental health referral and intervention.

3.2 Without written parental consent, the program does not provide or arrange for mental health services for the child.

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Policy ID 61011 (HPS-MH) Parent Education in Mental Health

Related Regulations:	(1302.45)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/9/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As applicable		
Evaluation:	Completed Parent Satisfaction Survey		
Forms:			
Former Policies:	FP05 Parent Involvement in Child Development and Education; PF06 Parent Involvement in Health, Nutrition and Mental Health education		

Performance Objective: The program collaborates with parents to provide training on issues related to parent education and service delivery regarding children’s mental wellness.

1.0 Parent Education: Mental Health

- 1.1 The Grantee and its programs provide child mental health training to parents annually.
- 1.2 The program solicits parental information, observations and concerns about their child’s mental health.
- 1.3 The Teachers, Parent and Community Partnership Coordinator and Health and Disability Coordinator and the MHP share observations of the child with the parent(s), and:
 - a) discuss anticipations for their child’s behavior and development, including separation and attachment issues;
 - b) discuss and identify with parents appropriate responses to their child’s behaviors; and
 - c) discuss ways to strengthen nurturing, supportive environments and relationships (in the home and at the program).
- 1.4 The program supports parents’ participation in any needed mental health interventions (see [Policy ID 61009 \(HPS-MH\) Parent Emergency Mental Health Referral](#)).
- 1.5 The Parent and Community Partnership Coordinator and Health and Disability Coordinator arrange for specialized training for parents as needed in the area of family mental health.
- 1.6 Program Health and Disability Coordinator provides mental health educational materials in the parents’ preferred language.

Family Support Services **(HPS-FSS)**

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Policy ID 62000 (HPS-FSS) Family Support Services for Health, Nutrition, and Mental Health

Related Regulations:	1302.46		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator and Parent and Community Partnership Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies	FP 02 Accessing community services and resources		

Performance Objective: Family support services for health, nutrition, and mental health services are in place.

1.0 Family Support Services: Parent Collaboration

1.1 The program collaborates with parents to promote children’s health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

2.0 Opportunities

2.1 Family support service collaboration include opportunities for parents to:

- a) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep (see [Health Program Services](#) and [Safety Practices](#) policies);
- b) Discuss their child’s nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family’s nutrition and food budget needs (see [Child Nutrition](#) policies);
- c) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression (see policies related to services for [pregnant women](#));
- d) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child’s mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child’s social and emotional development (see [Child Mental Health](#) policies); and,
- e) Learn about appropriate vehicle and pedestrian safety for keeping children safe (see [Transportation](#) policies).

2.2 The program provides ongoing support to assist parents’ navigation through health systems to meet the general health and specifically identified needs of their children and assists parents:

- a) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods (see [Policy ID 60003 \(HPS\) Child Health Status and Care](#) and [Policy ID 7002 \(PFCE\) Parent Involvement in Health, Nutrition, and Mental Health Education](#) and [Policy ID 80000 \(PW\) Services to Enrolled Pregnant Women](#));

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- b) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care (see [Policy ID 60002A \(HPS\) Parent Involvement in Health Services](#) and [Policy ID 60003 \(HPS\) Child Health Status and Care](#)); and
- c) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

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Safety Practices (HPS- SP)

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Policy ID 63000 (HPS-SP) Safety Practices

Related Regulations:	1302.47 a , 1302.47 b, 1302.47 b 5		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation, Monitoring		
Forms:			
Former Policies:	FC03 Playground Safety; FC13 Certification of Health and Safety Facility Inspection		

Performance Objective: The program establishes, trains staff on, implements, and enforces a system of health and safety practices that ensure children are kept safe at all times.

1.0 Safety Practices

1.1 The program consults [Caring for our Children Basics](#) for additional information to develop and implement adequate safety policies and practices meeting the requirements of 1302.47.

2.0 System of Safety Practices

2.1 The program develops and implements a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102 (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)), that includes these policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety (see policies in HPS sections).

2.2 The program reports any safety incidents in accordance with §1302.102 d 1 ii (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)).

3.0 Safety Practices and Responsibilities

3.1 All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

- a) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws (see [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect](#));
- b) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys are not used (see [Policy ID 601 \(FC\) Equipment, Toys, Materials, and Furniture](#));
- c) Appropriate indoor and outdoor supervision of children at all times (see [Policy ID 300A \(HS\) Active Supervision of Children including Transitions](#) and [Policy ID 1422 \(TRP\) Children on Buses are Supervised](#) and [Policy ID 606 \(FC\) Outdoor Environments/Playgrounds and Active Supervision](#));
- d) Only releasing children to an authorized adult, and (see [Policy ID 64006 \(HPS-AD\) Release of Children Only to Authorized Adults](#));
- e) All standards of conduct described in §1302.90 c (see [Policy ID 90002 \(HR/PP\) Standards of Conduct](#)).

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Policy ID 63001 (HPS-SP) Safe Facilities

Related Regulations:	1302.47 b 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation, monitoring		
Forms:			
Former Policies:	TP8-0229 (FC 13) Certification of Health and Safety Facility Inspection; FC01 Physical Environment and Facilities; FC10 Facilities Correction Plan		

SECTION 1: PURPOSE

The purpose of this policy is to ensure the annual facility inspection of the Head Start facility is conducted and certified by Tribal Council, and that the facility complies with all applicable health and safety requirements.

SECTION 2: DEFINITIONS

- (a) Program / School year: Is defined as September – May.
- (b) Screening: Is defined as a thorough inspection from the Indian Health Service or other comparable professional.
- (c) Health and Safety Requirements: Refers to Head Start Performance standards and any other regulations which apply.
- (d) Certified: Means that the results of the inspection and subsequent facility repair/improvement plans have been approved by the Tribal Council.

1.0 Safe Facilities

1.1 All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

- a) Compliant with licensing requirements, or Indian Health Services Standards;
 - i) In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, or where no state or local licensing standards are applicable, the program ensures that the facilities are in compliance with the Head Start Program Performance Standards related to health and safety.
- b) Clean and free from pests;
- c) Free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety;
- d) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;
- e) Well lit, including emergency lighting;
- f) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;
- g) Free from firearms or other weapons that are accessible to children;

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h) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and,

i) Kept safe through an ongoing system of preventative maintenance.

2.0 Correction Plan

2.1 Any inspection or observation that results in the discovery of an unsafe situation, facility or piece of equipment shall result in the following action:

- An Action Request shall be promptly submitted to the Public Works Department and/or
- The item shall be removed from service or roped off if necessary

2.2 Action Request remains open until the issue is addressed. The Public Works department assigns staff and resources as appropriate

2.3 The Public Works Director along with the Head Start and Child Care Program Manager monitors open Action Requests monthly and follows up with Public Works as necessary

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Policy ID 63002 (HPS-SP) Safe Equipment and Materials

Related Regulations:	1302.47 b 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation, monitoring		
Forms:			
Former Policies:	FC01 Physical Environment; FC02 Equipment, toys, materials and furniture		

Performance Objective: The program ensures the safety of equipment and materials.

1.0 Safe Equipment and Materials

1.1 Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and other equipment and materials as applicable, meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM).

1.2 At a minimum, Head Start/Early Head Start equipment and materials:

- a) Are clean and safe for children’s use and are appropriately disinfected;
- b) Are accessible only to children for whom they are age appropriate;
- c) Are designed to ensure appropriate supervision of children at all times;
- d) Allow for the separation of infants and toddlers from preschoolers during play in the center-based program;
and,
- e) Are kept safe through an ongoing system of preventative maintenance.

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Policy ID 63003 (HPS-SP) Background Checks

Related Regulations:	1302.47 b 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Kaysha Davis, Program Manager		
Timeline:	Prior to hire or transfer or if deemed appropriate, and every five years thereafter		
Evaluation:	Employee file		
Forms:			
Former Policies:	TP8 206 (PP05) Employee and Regular Volunteer Background Checks		

Performance Objective: All staff have complete background checks in accordance with the requirements.

1.0 Background Checks

1.1 See [Policy ID 90001 \(HR/PP\) Background Checks](#) and Selection Procedures.

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Policy ID 63004 (HPS-SP) Safety Training

Related Regulations:	1302.47 b 4		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Training documentation		
Forms:			
Former Policies:	HR07 Training and Development		

Performance Objective: Staff receive safety training in accordance with the requirements.

1.0 Safety Training: Staff with Regular Child Contact

1.1 All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, Federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

- a) The prevention and control of infectious diseases;
- b) Prevention of sudden infant death syndrome and use of safe sleeping practices;
- c) Administration of medication, consistent with standards for parental consent;
- d) Prevention and response to emergencies due to food and allergic reactions;
- e) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- f) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- g) Emergency preparedness and response planning for emergencies;
- h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
- i) Appropriate precautions in transporting children, if applicable;
- j) First aid and cardiopulmonary resuscitation; and,
- k) Recognition and reporting of child abuse and neglect, in accordance with 1302.47 b 5.

2.0 Safety Training: Staff without Regular Child Contact

2.1 All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

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Policy ID 63005 (HPS-SP) Hygiene Practices

Related Regulations:	1302.47 b 6		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Evaluation:	Observation		
Forms:			
Former Policies:	HS05 Hygiene		

Performance Objective: All staff systematically and routinely implement hygiene practices.

1.0 Hygiene Practices

1.1 At a minimum, these hygiene practices ensure:

- a) Appropriate toileting, hand washing, and diapering procedures are followed (see [Policy ID 63006 \(HPS-SP\) Appropriate Toileting, Hand Washing, and Diapering](#));
- b) Safe food preparation (see [Policy ID 63007 \(HPS-SP\) Safe Food Preparation](#)); and
- c) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

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Policy ID 63006 (HPS-SP) Appropriate Toileting, Hand Washing, and Diapering

Related Regulations:	1302.47 b 6 i, 1302.47 b 6 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation		
Forms:			
Former Policies:	HS18 Diapering Procedures		

Performance Objective: All staff systematically and routinely implement hygiene practices.

1.0 Hand Washing and Hygiene

1.1 The program maintains standards for personal hygiene. Staff, volunteers, and children wash their hands before and after each meal and after activities such as diapering and toilet use to help prevent the spread of illness and disease.

1.2 Staff, volunteers, and children wash their hands with soap and running water at least once during the following times:

- a) Upon arrival at the Head Start/Early Head Start location
- b) Before and after each diapering or pull up change
- c) After toileting or after assisting each child with toileting
- d) After returning inside from outdoor activities
- e) Before food preparation, handling, consumption, or any other food-related activity (e.g. setting the table)
- f) After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids
- g) After handling pets, other animals, pet cages or other pet objects that have come in contact with the pet or animal
- h) Before eating, serving or preparing food or bottles or feeding a child
- i) Before handling newborns
- j) Any other time as needed.

1.3 Staff and volunteers also wash their hands with soap and running water:

- a) Before and after administering medication, first aid or completing a medical procedure.
- b) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids)
- c) After assisting a child with toilet use

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- d) After taking off disposable gloves
- e) Any other time as needed.

1.4 Hand washing signs are posted near all sinks (kitchen, classroom, restrooms).

2.0 Hygiene Practices

2.1 Non-porous (e.g., latex) gloves are worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

- a) Classroom staff are responsible for storing non-porous gloves in each classroom.

2.2 Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines.

- a) Any tools and equipment used to clean spills of bodily fluids are cleaned and disinfected immediately.
- b) Other blood-contaminated materials are disposed of in a plastic bag with a secure tie.

2.3 The programs follow sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff.

2.4 Potties that are utilized in a center-based program are emptied into the toilet and cleaned and disinfected after each use; disposable potties are thrown away after each use.

3.0 Diapering and Toileting

3.1 The program implements these sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program, and ensures that staff properly conduct these procedures.

3.2 Diapering procedures are posted in the diaper changing area.

3.3 Classroom Teaching staff follow proper hygiene and sanitation procedures when diapering and toileting children.

3.4 Diaper changing areas are located away from adult bathrooms, dental hygiene, and food preparation areas.

- a) Diaper changing areas are never used for the temporary placement or serving of food.
- b) Diaper changing areas are located as close to a water source as possible.

3.5 Diapers are changed on an elevated, nonporous surface used only for that purpose.

- a) Only nonabsorbent, clean surfaces are used for infants' changing table.
- b) Classroom Teaching staff uses a sturdy changing table that is an appropriate height for adults to work at when standing.
- c) Changing mats with nonabsorbent, clean surfaces are used for toddlers.
- d) Changing tables and changing mats are used only for diapering purposes.

3.6 Classroom Teaching staff must ensure child safety at all times.

- a) Changing tables are supervised by an adult when in use.
- b) Changing mats are kept in good condition.

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- 3.7 Toilets, mats, and sinks for toddler and preschool use are appropriate in height.
- a) The maximum toilet height is 11 inches (where possible or if replacing existing)
 - b) The maximum hand sink height is 22 inches (where possible or if replacing existing))
 - c) Step stools or low platforms may also be used with adult supervision if facilities are too high.
- 3.8 Diapers and accessories storage areas are placed close to or within the diapering area.
- a) The following items are available in these areas: clean diapers, wipes, and nonporous gloves.
 - b) Cleaning supplies are stored in a secure area away from children.
- 3.9 Classroom Teaching staff take precautions to minimize risks of contamination by: washing the adults' and child's hands before and after diapering; properly securing soiled diapers or clothing; and cleaning and disinfecting all soiled surfaces.
- a) Classroom Teaching staff use utility sinks or a separate large sink for rinsing soiled clothing, for cleaning toilet training equipment, for washing and sanitizing mops, and for cleaning equipment.
- 3.10 Classroom Teaching staff follow these diapering procedures:
- a) Classroom Teaching staff uses nonporous, disposable plastic gloves in accordance with the regulations.
 - b) A fresh, clean piece of paper is placed beneath the child's buttocks so that the child's body does not directly touch the diapering surface.
 - c) Disposable wipes are used when possible.
 - d) If a child is allergic to disposable wipes, staff uses paper towels with antibacterial soap and water.
- 3.11 The child's urinary and anal areas are cleaned with disposable wipes. Staff wipe child from front to back once with each wipe until clean, to reduce chances of urinary tract infections.
- 3.12 Soiled diapers are sealed in plastic bags and placed in plastic-lined containers that have lids.
- 3.13 Containers are emptied daily and disinfected.
- 3.14 When cloth diapers are used, the solid waste contents are disposed in toilets before the diapers are placed in the soiled diaper receptacle.
- a) Soiled outer clothing is placed in a plastic bag labeled with the child's name, stored away from child's other belongings. Such bags are sent home with parent at the end of the day.
 - b) Classroom Teaching staff wash their own hands and assist the child in handwashing with soap and running water after each changing.
 - c) Diapers are changed at regular intervals, and when obviously appropriate.

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Policy ID 63007 (HPS-SP) Safe Food Preparation

Related Regulations:	1302.47 b 6 ii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Proof of safe food preparation and handling certification		
Forms:			
Former Policies:	FC13 Certification of Health and Safety Facility Inspection; NU05 Food Safety and Sanitation		

Performance Objective: Program food is safely prepared.

1.0 Safe Food Preparation

1.1 Food Service Worker, Food Service Vendor and other Program staff who are responsible for preparing meals and snacks for enrolled children have training in proper food handling and preparation practices as evidenced by ServSafe Food Handler certification or other food safety certificate..

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Policy ID 63008 (HPS-SP) Safety- Minimizing Biting

Related Regulations:	1302.47 b 6		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	ED07 Biting		

Performance Objective: To minimize biting and to ensure hygiene practices are followed.

1.0 Biting

Because biting is so painful and serious, the natural consequence for repeat biting is to send the child home, and follow the procedure for suspensions # 20007. A Child Study Team meeting will be scheduled as soon as possible to assist the family and staff in developing a Child Support Plan.

2.0 Procedure:

- a) Always call both children’s parents with any biting; also send written incident report home to both parents. Parents are asked to discuss that biting is not acceptable.
- b) On the first offense, speak with both children; console the victim and stress alternatives to the biter.
- c) Repeat biters will be sent home as a natural consequence of unacceptable behavior.
- d) Do not name the biting party on the incident report; if parents want more information, then address it accordingly.
- e) If skin is broken, provide immediate first aid to prevent the spread of disease, and document on the incident report
- f) Include a curriculum component on biting
- g) See Policy ID 20007 (ERSEA) Suspension and Expulsion of Children

Administrative Safety **Procedures (HPS-AD)**

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Policy ID 64000 (HPS-AD) Administrative Safety Procedures

Related Regulations:	1302.47 b 7		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Employee Handbook		

Performance Objective: Administrative safety procedures are established, followed, and practiced.

1.0 Administrative Safety Procedures

1.1 The program establishes, follows, and practices as appropriate, procedures for, at a minimum:

- a) Emergencies (see [Policy ID 64001 \(HPS-AD\) Emergency Preparedness Planning](#) and [Policy ID 303 \(HS\) Medical, Dental and General Emergencies](#) and [Policy ID 304 \(HS\) Health Emergency Procedures](#));
- b) Fire prevention and response (see [Policy ID 64002 \(HPS-AD\) Fire Prevention and Response](#));
- c) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness (see [Policy ID 64003 \(HPS-AD\) Protection from Contagious Disease/Communicable Disease](#) and [Policy ID 64003B \(HS\) AIDS/HIV Infection Policy and Acknowledgement](#) and [Policy ID 64004 \(HPS-AD\) Sick Child Exclusion Policy](#));
- d) The handling, storage, administration, and record of administration of medication (see [Policy ID 64005 \(HPS-AD\) Medications](#));
- e) Maintaining procedures and systems to ensure children are only released to an authorized adult (see [Policy ID 64006 \(HPS-AD\) Release of Children Only to Authorized Adults](#)); and,
- f) Child specific health care needs and food allergies that include accessible plans of action for emergencies (see [Policy ID 64007 \(HPS-AD\) Child Specific Health Care Needs and Food Allergies](#).
 - i) For food allergies, the program also posts individual child food allergies prominently where staff can view wherever food is served.

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Policy ID 64001 (HPS-AD) Emergency Preparedness Planning

Related Regulations:	1302.47 b 7 i		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Safety Sandy		
	Updating with Sandy This is not the plan, but a list of what the plan must include		
Responsibility:	Program Manager		
Timeline:	Ongoing, As needed, Annual review		
Evaluation:	Emergency plan		
Forms:			
Former Policies:	HS01 Emergency Plan		

Performance Objective: The program has plans in place for emergency preparedness, recovery, and response.

1.0 Emergency Preparedness Planning

1.1 The Program has an emergency preparedness plan in place and requires its programs and delegates to have their own emergency preparedness plans in place for each site.

1.2 At a minimum, program and delegate emergency preparedness plans include:

- a) Roles and responsibilities
- b) Specific tasks for each emergency phase (preparedness, response, and recovery)
- c) Anticipated needs
- d) Checklists and tools for drills, procedures, communication plans, disaster supplies kits, first aid kits, etc.

1.3 The Head Start Program Manager and Tribal Safety Manager review the plan annually and as needed.

2.0 Leadership Chain of Command in Case of Emergency

2.1 If an emergency, natural disaster, death, or other circumstance occurs which affects the ability of leadership to perform their jobs, the Grantee delegates leadership responsibility in this order:

- a) Education Director
- b) Program Manager
- e) Administrative Assistant
- f) Health and Disabilities Coordinator
- f) Parent and Community Partnership Coordinator
- g) Mentor Teacher
- k) Other department staff in order of program employment seniority

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3.0 Levels of Authority

3.1 Local authority (police, fire department, EMT, tribal council, etc.) supersedes the authority of department personnel.

3.2 State authority supersedes local authority.

3.3 Regional authority supersedes state authority.

3.4 Federal authority supersedes regional authority.

4.0 Redding Rancheria Procedures

4.1 Staff's first priority is to maintain the safety of the children; emergency medical care will be secured if possible, and emergency first aid administered.

4.2) The program manager or person in charge must bring daily sign in/ out sheets for both children and staff. This will be the master list of those present

4.3) The program manager or person in charge must bring contact information for both children and staff. Once deemed safe by person in charge, staff can begin to contact parents with current information.

4.4) The person in charge will as soon as possible, compile a list of all persons known to be present and their medical condition. Persons should remain together to facilitate rescue.

4.5) If rescue is unable to reach us, and it is deemed safe, supplies on hand shall be utilized as follows:

4.6) Canned food is stored in the Second Kitchen and labeled as Disaster Plan Foods. Stock is rotated annually.

4.7) Water sanitation pills and empty water jugs are likewise stored in second kitchen labeled Disaster Plan – Water. If necessary, water from the creek can be sanitized.

4.8) Emergency Medical supplies can be secured from existing medical kits in the classrooms and offices

4.9) Fire Extinguishers can be secured from existing units mounted in classrooms and offices.

4.10) Emergency radio and flashlights may be secured from existing items stored in classrooms and offices

4.11) Games, books, puzzles may be secured from existing supplies found in classrooms

4.12) Emergency blankets (high performance foil blankets) are stored in the Second Kitchen labeled: Disaster Blankets. Enough for 75 people

4.13) Other miscellaneous supplies are stored in the Second Kitchen/ labeled: Miscellaneous Supplies: These include:

Paper towels

Purell sanitizer

Toilet paper

Waterproof Matches

Garbage bags for personal waste

Garbage bags (large) for rain shelter

Paper plates, cups, plastic wear, etc.,

Can opener

Feminine hygiene products

Whistle

First Aide Book

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Wind up Flashlights

Wind up or battery operated radio

5.0 Related Policy

5.1 See also [Policy ID 64008 \(HPS-AD\) Disaster Preparedness Plan](#).

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Policy ID 64002 (HPS-AD) Fire Prevention and Response

Related Regulations:	1302.47 b 7 ii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Ongoing and as needed		
Evaluation:	Annual IHS Indian Health Services Inspection		
Forms:			
Former Policies:	FC04 Fire Suppression Policy; FC05 Fire Protection Policy; FC06 Fire Detection Policy; FC09 Emergency Exit Plan		

Performance Objective: The program promotes fire safety practices including fire prevention.

1.0 The Program Promotes Fire Safety Practices

- 1.1 All Grantee-funded Head Start and Early Head Start sites are appropriately equipped with building materials that detect fire and ensure fire safety (for example: smoke detectors, fire suppression system, sprinklers, fire alarms, etc.)
- 1.2 All Head Start and Early Head Start sites have approved, working fire extinguishers that are readily available.
- 1.3 Each program submits professionally certified annual inspection reports, per their contractual obligations, to the Program Manager for review.
 - a) If the Program Manager finds items of concern in the inspection report, he or she will follow up with the program and issue a corrective action notification if applicable.

2.0 Fire Prevention: Fire Extinguishers

- 2.1 Program Tribal Facilities staff perform annual inspections and maintenance as needed, which includes:
 - a) Checking fire extinguishers for proper mounting,
 - b) Filling the fire extinguishers with foam as necessary, and
 - c) Updating fire extinguisher tags.

3.0 Fire Prevention: Smoke Detectors

- 3.1 An appropriate number of smoke detectors are installed.
 - a) Program Tribal Facilities staff periodically test smoke detectors as applicable.
 - b) Facilities Staff keep a log of smoke detector checks.
- 3.2 The Tribal Safety Coordinator reviews and files the results of the smoke detector tests, which are available for department review.

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4.0 The Fire Department

4.1 The Fire Department or other trained inspectors as determined by the Tribe's Safety Coordinator annually inspects programs for fire safety and fire prevention.

5.0 In Case of Fire

5.1 In case of a smoke or fire emergency, Program staff first tend to the safety of the children before accessing the fire extinguishers.

5.2 In cases of fire, an alarm will sound as the emergency signal to evacuate the building

a) In all other situations, a verbal announcement will be made to indicate the need to and the reason for evacuation

5.3 In the event of an emergency, the Classroom Teacher and Assistant will gather the children and, with all other employees and visitors, shall evacuate by means of the nearest available marked exit. Teachers are responsible to bring the daily attendance and emergency contact information binder with them.

5.4 In the event of a fire, only those individuals who have participated in the annual fire extinguisher training are authorized to use the portable fire extinguishers to attempt to extinguish incipient stage fires before evacuating. All others shall evacuate immediately.

5.5 Office staff (the Child Care Program Assistant and/or the Health & Disabilities Coordinator, or other office staff) will conduct a sweep of the classrooms, checking for persons that may have been left behind or need assistance. In the event that office staff are not available, other adults not supervising children will assume this responsibility.

5.6 After an emergency evacuation, all children, visitors, and employees are to gather in the holding area, outside the tribal offices. Everyone will remain in the gathering area until released by the Program Manager, or other person in charge

5.7 After an emergency evacuation, the sign-in sheet will be used to account for all children, visitors, and staff. The Program Manager (or person in charge at the time) is responsible for bringing the sign-in/out clipboard when the alarm sounds.

5.8 The Program manager (or designee) will contact the Education Director with an update of the situation.

5.9 For further assistance with emergency evacuation procedures, the following individuals may be contacted: Head Start Program Manager or Redding Rancheria Safety Coordinator.

6.0 Reporting

6.1 The Program manager (or designee) will prepare a report which will include the date and time of evacuation, the reason for the evacuation, the number of children and staff and visitors involved, if emergency contact procedures were implemented, and changes that will be made to the emergency evacuation procedures, if any, as well as any long term implication of the emergency.

7.0 Fire Safety and Prevention Education

7.1 Classroom Teaching staff include fire safety and fire prevention education in their lesson plans. Including "Stop, drop and roll."

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Policy ID 64003 (HPS-AD) Protection from Contagious Disease/Communicable Disease

Related Regulations:	1302.47 b 7 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
???	Requires attention. See 2.3 list of illnesses we are required to report to local health. Do we report and to whom? Indian Health? Tribal Health Center. Ask HAC for input.		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing and as needed		
Evaluation:	No communicable diseases on site		
Forms:			
Former Policies:	HS02 Short Term Exclusion Policy		

Performance Objective: The program’s safety practices include protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.

1.0 Protection from Contagious Disease/Communicable Disease

1.1 The program temporarily excludes a child who exhibits recognizable signs of communicable disease or illness to protect the health of the affected child, other children and staff.

2.0 Communicable Diseases: Reporting

2.1 All Head Start/Early Head Start staff follow the most updated version of the California Department of Health Communicable Disease List.

a) The chart is posted in a conspicuous location visible to center/site staff and parents/guardians.

2.2 The Health and Disabilities Coordinator reports the suspected illnesses below to the IHS or local health department.

2.3 Any pattern of illness that is unusual for the site or any unusual increase in occurrence of cases are reported to the local health department: Indian Health Service? Tribal Health Center?

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • AIDS/HIV • Chicken Pox • Cholera • Conjunctivitis • Diarrhea Disease • Diphtheria • Ebola • Flu • German Measles • Hepatitis A/B • Infectious Tuberculosis • Lice • Malaria • Measles | <ul style="list-style-type: none"> • Meningitis • Mononucleosis • Mumps • Plaque • SARS • Scarlet Fever • Scabies • Smallpox • Tuberculosis • Viral Hemorrhagic Fevers • Whooping Cough • Yellow Fever • Zika |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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- 2.4 Classroom Teaching staff perform health checks of all children before children can enter the bus or classroom in accordance with [Policy ID 64003A \(HPS-AD\) Quick Health Check](#).
- 2.5 If a child is suspected of having a communicable disease, Classroom Teaching staff contact the parent/guardian to pick up their child.
- 2.6 Classroom Teaching staff notify the parents of children in the same classroom (at a minimum) if any child has been diagnosed with a communicable disease.
- 2.7 Classroom Teaching staff explain to parents what signs and symptoms to look for in their children and to seek medical care as necessary.
- 2.8 Classroom Teaching staff monitor children who were exposed to the communicable disease for signs and symptoms of the illness.
- 2.9 All staff and children practice good hygiene (see [Policy ID 63006 \(HPS-SP\) Appropriate Toileting, Hand Washing, and Diapering](#)).
- 2.10 Classroom Teaching staff disinfect contaminated articles and surfaces by using approved disinfectant solution.
 - a) Disinfectants are kept out of reach of children.

3.0 Isolation

- 3.1 A child isolated due to suspected communicable disease is:
 - a) Within sight and hearing of a staff member at all times.
 - b) Cared for in another room or portion of a room away from other children.
 - c) Provided with a cot and made comfortable.
 - i) After use, the cot is disinfected with an appropriate germicide.
 - ii) If soiled with blood, feces, vomit or other body fluids, the cot is cleaned with soap and water and disinfected with an appropriate germicide.

4.0 Short Term Exclusion

- 4.1 A child with any of the following symptoms of illness is immediately isolated and discharged to his/her parent/guardian:
 - a) Temperature of at least 100 degrees Fahrenheit when in combination with any other sign or symptom of illness. The temperature is taken by the axillary method with a digital thermometer.
 - b) Diarrhea (three or more abnormally loose stools within a twenty-four hour period).
 - c) Severe coughing, causing the child to become red or blue in the face, appear to be in trouble, or make a whooping sound.
 - d) Difficult or rapid breathing.
 - e) Lethargy leading to inability to participate in normal activities
 - g) Yellowish skin and eyes.

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- f) Redness of the eye, obvious discharge, matted eyelashes, burning, itching in the eye area.
- g) Untreated infected skin patches, unusual spots or rashes.
- h) Unusually dark urine and/or gray or white stool.
- i) Stiff neck with an elevated temperature.
- j) Evidence of untreated lice, scabies, or other parasitic infestations.
- k) Sore throat or difficulty swallowing.
- l) Vomiting more than one time or when accompanied by any other sign or symptom of illness.
- m) Mouth sores with drooling
- n) Ear ache or symptoms of an ear infection

4.2 The program requires that children suspected of having a communicable disease receive a diagnosis by a licensed health care professional.

a) If a child is diagnosed with a communicable disease, the program follows the incubation period outlined in the <State> Department of Health Communicable Disease List.

5.0 Valid Training

5.1 All staff are trained in the recognition and management of communicable disease.

- a) This training shall be in accordance with IHS requirements.
- b) Training follows a curriculum approved by the IHS.
- c) The training is valid for the period of time in accordance with IHS.

5.2 Registered Nurses with current valid credentials are exempt from the management of communicable disease training requirements.

5.3 The Trainer of management of communicable disease training is one of the following:

- a) An authorized trainer for the IHS Indian Health Service, or
- b) A licensed Physician or Registered Nurse.

6.0 Communicable Diseases: Mandatory Infection Control Guidelines for All Children, Staff and Centers/Options

6.1 Since viruses might be present in an infant or child and might not be apparent to the non-medical care giver, either because overt signs and symptoms are lacking or for confidentiality reasons, it is necessary to employ certain blood and body fluid infection control measures in all infants and children, which will prevent the transmission of all these infections. The Indian Health Service guidelines are followed for all children, regardless of the known health status of the child.

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~Policy ID 64003A (HPS-AD) Quick Health Check

Related Regulations:	1302.47 b 7 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Daily before entrance into classroom		
Evaluation:	No ill children in classroom		
Forms:			
Former Policies:	HS06 Daily Health Assessment Policy; HS13 Fever Checks		

Performance Objective: Bus Drivers/Bus Monitors and Classroom Teaching staff perform a Quick Health Check observation every day on all children as they board the bus and/or enter the site in order to identify changes that may affect a child's health and development and impact other children in the classroom.

1.0 Quick Health Check (QHC)

- 1.1 The Bus Monitors perform a Quick Health Check on all children before they get on the bus.
 - a) If a child appears ill, the Bus Monitor sends him or her home with the authorized parent or guardian.
- 1.2 Classroom Teaching staff (with valid communicable disease training) perform a Quick Health Check on all children upon arrival.
- 1.3 If a staff member determines that a child is too ill to participate in class or has symptoms of a communicable disease, the staff member isolates him or her as appropriate according to the instructions listed on the Health Communicable Disease List and from the local and/or State Health Department. See 64003 Protection from Contagion
- 1.4 When a staff member determines that there is an observable health concern, they complete an *Exclusion/ Readmission Form*.
 - a) Staff must also note any minor problems or concerns that are present or occur throughout the day (e.g., child dozed at group time, has a runny nose, watery eyes, etc.).
 - b) The Administrative Assistant enters the Form data into the electronic record-keeping system.
- 1.5 When children with discernible and obvious illnesses are identified, the Administrative Assistant or other available staff promptly notify the parents.
 - a) In instances determined by the Health Communicable Disease List, children may need a doctor's permit to return to class.
 - b) Children may return at the program's discretion.
 - c) See also [Policy ID 64004 \(HPS-AD\) Sick Child Exclusion Policy](#).
 - d) All staff adhere to the requirements of the Health Communicable Disease List.

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~Policy ID 64003B (HS) AIDS/HIV Infection Policy and Acknowledgement

Related Regulations:	1304.22 b 2; 1302.47 b 7 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Annually		
Evaluation:	Signed document		
Forms:			
Former Policies:	HS02 Exclusion Policy; Blood Borne Pathogen Policy		

Performance Objective: The program does not deny program admission to any child, nor exclude any enrolled child from program participation for long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the Grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

1.0 AIDS/HIV Infection Policy: Program

- 1.1 Head Start/Early Head Start makes reasonable accommodations for all eligible children.
- 1.2 Head Start/Early Head Start affords an equal opportunity for all eligible children to be included, regardless of special health needs or medication requirements.
- 1.3 This AIDS/HIV policy is reviewed every two years by the Health Advisory Committee.
- 1.4 This policy embraces compassion, understanding, and respect as the central theme of our services to all individuals suffering with AIDS, ARC, and HIV infection.
- 1.5 The general policy for children and adults with AIDS, ARC and HIV infection for Head Start/Early Head Start/Child Care Services Program funded and/or contracted by the Grantee in accordance with Public Law 92-142 and Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112).
 - a) Head Start/Early Head Start programs do not discriminate or exclude eligible handicapped children from services due to their disability, regardless of the nature of severity of handicap.

2.0 AIDS/HIV Infection Policy: HAC

- 2.1 Employees receive a copy of the Grantee AIDS/HIV policy annually.
 - a) Employees sign a receipt which documents that each employee has read and received a copy of this policy.
- 2.2 The Health Services Advisory Committee (HAC) reviews this document at least every two years.
- 2.3 The Health and Disabilities Coordinator maintains the Health Services Advisory Committee minutes and attendance roster.

3.0 Definitions

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3.1 The program recognizes these definitions published by the CDC:

HIV is a virus spread through body fluids that affects specific cells of the immune system, called CD4 cells, or T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. When this happens, HIV infection leads to AIDS.

AIDS (acquired immunodeficiency syndrome): This is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to infections and infection-related cancers called opportunistic illnesses.

In the United States, HIV is spread mainly by:

- Having sex with someone who has HIV. In general:
 - Sharing needles, syringes, rinse water, or other equipment (works) used to prepare injection drugs with someone who has HIV.
- And less commonly by:
 - Being born to an infected mother. HIV can be passed from mother to child during pregnancy, birth, or breastfeeding.
 - Being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.
 - Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.
 - Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids. These reports have also been extremely rare.

4.0 The Admission of Children with AIDS and HIV Infections

- 4.1 The program complies with P.L. 92-142 and Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), which governs the admission of children with AIDS, ARC, and HIV infection.
- 4.2 The program admits children in accordance with the current <State Agency/Department> and Head Start Performance Standards and related Federal regulations.
- 4.3 Children who experience frequent absenteeism due to physical and emotional issues related to AIDS or HIV are considered excused absences (as applied to [Policy ID 20006 \(ERSEA\) Attendance, Absenteeism, and Withdrawal of Children](#)).

5.0 Mandatory Confidentiality Guidelines

- 5.1 All staff comply with [Policy ID 800 \(MSP\) Confidentiality: Locked Files and Appropriate Handling of Records](#). Staff failure to abide by the Confidentiality Policy may result in disciplinary action up to and including termination (see also [Policy ID 90002 \(HR/PP\) Standards of Conduct](#)).
- 5.2 Case information is shared on a need to know basis with written parent permission.
- 5.3 The program is obligated to report AIDS according to city and state laws, to the <State Health Department/Office>.
- a) The sharing of this information between responsible city and state authorities and the Head Start/Early Head Start program is confidential.
- 5.4 Services are not provided on a discriminatory basis.

6.0 Related Policy

- 6.1 See also [Policy ID 64003 \(HPS-AD\) Protection from Contagious Disease/Communicable Disease](#).

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7.0 Safety of Lives and Property

7.1 The preceding policies and procedures are not developed to limit, curtail, or impede program standards and services.

a) These policies and procedures are effective immediately for all programs by the Head Start Health Services Advisory Committee.

b) The policies and procedures are subject to review and change if future demands and Regional or other authority requirements are imposed or needed.

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Policy ID 64003C (HS) RR COVID-19 Mitigation

Related Regulations:	1302.40		
Revised by:	Cassi Lawson, Health and Disabilities Coordinator	Revision Date:	2/15/2023
Approved by:	Hannah Hughes, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Evaluation:			
Forms:			
Former Policies:	HS07		

Performance Objective: To protect children, families, and staff from infection and illness, this evidenced-based COVID-19 mitigation policy can be scaled up or down based on the impacts or risks of COVID-19 in the community.

1.0 Access to Head Start Facilities

1.1 By following the current CDC recommendations and guidelines, staff, parents, and students will not enter the center if they have symptoms of COVID-19, or have had close contact to a person with a confirmed case of COVID-19.

1.2 Students and staff may return to the center without a doctor’s note after 24 hours with no symptoms, and are fever free, without using symptom-reducing medication.

2.0 Child Pick Up & Drop Off

2.1 Parents are asked to screen their children for illness at home before dropping them off at school, or meeting the school bus.

2.2 All offices, classrooms, and the school bus are equipped with thermometers & hand sanitizer.

2.3 All students will have their temperature taken when entering the classroom, or loading on the school bus.

2.4 All students will wash their hands after entering the classroom; bus riders will be given hand sanitizer after buckled in their seat

3.0 Hand Washing & Hygiene

3.1 Hand washing, hygiene, and respiratory protocols are established for everyone (see [Policy ID 63006 \(HPS-SP\) Appropriate Toileting, Hand Washing, and Diapering](#)).

3.2 Staff and children will: cough or sneeze into their elbow or tissue; throw the tissue away immediately and then wash their hands; and will be encouraged to not touch their eyes, nose or mouth.

4.0 Cleaning & Disinfecting

4.1 The Redding Rancheria Public Works Department has developed and is implementing a cleaning procedure and disinfection schedule, in accordance with the CDC.

- a) General cleaning and disinfecting of the workplace will occur at least once a day.
- b) Frequently touched surfaces should be cleaned and disinfected at least twice a day.

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4.2 Toys and objects that children have placed in their mouths will be set aside, in a “to be washed” bin, until they are cleaned and disinfected.

4.3 Cots will be disinfected, and blankets and sheets will be laundered once weekly. More often if needed, or a child becomes sick.

4.4 Each child will be given a reusable, personal water bottle to keep at school, which will be sanitized regularly.

4.5 The ZONO sanitizing system will be used on a regular basis.

4.6 The school bus will be cleaned and disinfected on a regular basis.

4.7 We will maintain an adequate supply of cleaning and disinfection products and materials.

4.8 For daily cleaning, disinfecting, and sanitizing schedule, see [Policy ID 601 \(FC\) Equipment, Toys, Materials, and Furniture](#).

5.0 Use of Personal Protective Equipment (PPE) & Testing

5.1 The center will follow the current CDC recommendations and guidelines regarding PPE and testing, when needed

6.0 Sick at School

6.1 Staff and students will be sent home if they have a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms. The center will continue to follow the steps in [Policy ID 64004 \(HPS-AD\) Sick Child Exclusion Policy](#).

6.2 Staff and students who test positive for COVID-19 will follow current CDC guidelines, or receive a clearance to return to the center from a health care provider, see [Policy ID 64004 \(HPS-AD\) Sick Child Exclusion Policy](#).

7.0 Confirmed COVID-19 Case at School

7.1 Coordinate with local health officials, Redding Rancheria Executive Team, and Director of Health Services at Redding Rancheria Tribal Health Center. They will determine a course of action for the program.

7.2 Communicate with staff, parents, and students using the One Call messaging system, email, Class Dojo, and phone calls/text messages, that there was a possible COVID-19 exposure at the center, and any dismissal decisions that have been made.

7.3 Close off areas used by the individuals with COVID-19, and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Cleaning staff will clean and disinfect all areas used by the ill persons, focusing especially on frequently touched surfaces.

7.4 The Head Start teaching staff will ensure continuity of education and special education services, through distance learning and virtual sessions during school closures. All students will be provided with a Learning Tablet for online instruction, Zoom class meetings, and following Class Dojo, when needed. Front porch deliveries, or Head Start gate pick-up, will be used to distribute homework packets and lesson materials. Students with IEP's, will continue speech and Occupational Therapy services online.

7.5 Students and families will not be penalized for missing class due to illness (low attendance).

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Policy ID 64004 (HPS-AD) Sick Child Exclusion Policy

Related Regulations:	1302.47 b 7 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	When a child becomes ill, and prior to leaving the site		
Evaluation:	<i>Child Exclusion/Readmission Form</i> and notification from a doctor that the child may return to the site.		
Forms:			
Former Policies:	HS02 Short Term Exclusion Policy		

Performance Objective: The program’s safety practices include protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.

1.0 Sick Child Exclusion Policy

1.1 The program temporarily excludes a child with a short-term injury or an acute or short-term contagious illness that cannot be readily accommodated, from program participation in center-based activities or group experiences. The temporary exclusion is only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

2.0 Isolation

2.1 A child isolated due to suspected communicable disease is:

- a) Within sight and hearing of a staff member at all times.
- b) Cared for in another room or portion of a room away from other children.
- c) Provided with a cot and made comfortable.
 - i) After use, the cot is disinfected with an appropriate germicide.
 - ii) If soiled with blood, feces, vomit or other body fluids, the cot is cleaned with soap and water and disinfected with an appropriate germicide.

3.0 Short Term Exclusion

3.1 A child with any of the following symptoms of illness is immediately isolated and discharged to his/her parent/guardian:

- a) Temperature of at least 100 degrees Fahrenheit when in combination with any other sign or symptom of illness. The temperature is taken by the axillary method with a digital thermometer.
- b) Diarrhea (three or more abnormally loose stools within a twenty-four hour period).
- c) Severe coughing, causing the child to become red or blue in the face, appear to be in trouble, or make a whooping sound.
- d) Difficult or rapid breathing.
- e) Lethargy leading to inability to participate in normal activities

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- h) Yellowish skin and eyes.
- f) Redness of the eye, obvious discharge, matted eyelashes, burning, itching in the eye area.
- g) Untreated infected skin patches, unusual spots or rashes.
- h) Unusually dark urine and/or gray or white stool.
- i) Stiff neck with an elevated temperature.
- j) Evidence of untreated lice, scabies, or other parasitic infestations.
- k) Sore throat or difficulty swallowing.
- l) Vomiting more than one time or when accompanied by any other sign or symptom of illness.
- m) Mouth sores with drooling
- n) Ear ache or symptoms of an ear infection

3.2 The program requires that children suspected of having a communicable disease receive a diagnosis by a licensed health care professional.

a) If a child is diagnosed with a communicable disease, the program follows the incubation period outlined in the <State> Department of Health Communicable Disease List.

4.0 Re-Admission

4.1 From fever, vomiting and or diarrhea, children may be readmitted after 24 hours without an episode, or a qualified health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.

4.2 Children/staff can be readmitted after:

- a) 24 symptom free from fever, vomiting or diarrhea
- b) Medical diagnosis to rule out bacterial infection, or
- c) 24 hours on an antibiotic treatment
- d) Tuberculosis; re-admission when approved by a qualified health care provider.
- e) Impetigo, re-admission 24 hours after treatment has been initiated.
- f) Strep throat or other streptococcal infection, re-admission 24 hours after initial antibiotic treatment and cessation of fever.
- g) Chicken pox, until 6 days after onset of rash or until all sores have dried and crusted, or with permission by their health care provider.
- h) Pertussis (Whooping Cough), re-admission after five days of appropriate antibiotic treatment.
- i) Mumps, re-admission 9 days after onset of parotid gland swelling.
- j) Hepatitis-A virus, re-admission one week after onset of illness or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and staff.
- k) Measles, re-admission six days after onset of rash.
- l) Rubella, re-admission six days after onset of rash.
- m) Shingles (herpes zoster), exclusion until the sores have crusted over, or health care provider has cleared them for return.
- n) Children with open oozing sores, which cannot be covered, will not be allowed to be at the center until sores have crusted over.
- o) Lice, scabies or other infestations, re-admission 24 hours after treatment has been initiated and the child is found to be lice free, with nits more than 2 mm from the scalp.

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Policy ID 64005 (HPS-AD) Medications

Related Regulations:	1302.47 b 7 iv		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/12/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing and as needed		
Evaluation:			
Forms:			
Former Policies:	HS03 Medication Administration		

Performance Objective: The program’s safety practices include procedures for the proper handling, storage, administration, and record of administration of medication to children.

1.0 Administering Medicine to Children

- 1.1 When parents want Head Start/Early Head Start staff to administer medication, they must complete a *Request for the Administration of Medication Form*, signed by both parent and family physician. These forms are kept in the child’s file.
- 1.2 Head Start/Early Head Start only administers medicine that has been dispensed by a registered pharmacist and is in its original container.
- 1.3 Only physician-authorized prescription medications are administered.
- 1.4 Medication is labeled with child’s name and kept out of the children’s reach, under lock and key, and at the appropriate temperature, including medication required for staff and volunteers.
 - a) Emergency medication (e.g., EpiPens, glucose) is stored out of children’s reach yet quickly accessible by staff.
- 1.5 Designated staff who have been properly trained are personally responsible for administering medications and keeping documentation of the date, time, dosage and who administered the medication that was given, on the appropriate form.
- 1.6 The staff will observe and record changes in a child's behavior that have implications for drug dosage or type, and assist parents in communicating with their physician regarding the effect of the medication on the child, and observe the child for any adverse reactions.

2.0 Storage of Medication, Food Supplements, and Topical Products

- 2.1 Medication, food supplements, and topical products are safely stored.
 - a) All medication/food supplements are labeled, stored under lock and key, and refrigerated if necessary.
- 2.2 Medicine is kept out of the reach of children.
- 2.3 Medicine removal: the Health and Disabilities Coordinator removes all medicines from the center when they are expired or no longer needed.
- 4.3 Staff do not administer expired medicine to children.

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Policy ID 64006 (HPS-AD) Release of Children Only to Authorized Adults

Related Regulations:	1302.47 b 7 v		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Daily		
Evaluation:	<i>Daily Sign-in/Out Forms</i>		
Forms:			
Former Policies:	HS21 Pickup Procedures		

Performance Objective: The program maintains and enforces procedures and systems to ensure children are only released to authorized adults.

1.0 The Program Releases Enrolled Children Only to Authorized Adults

1.1 Authorized adults are those listed on the child’s enrollment form.

- a) Classroom Teaching staff or other staff visually confirm the person signing out the child on the *Daily Sign-in/Out Form*.
 - i) If staff do not recognize an individual attempting to pick up a child, they refer to the child’s authorization for pickup list to verify the signature and official photo identification.
 - ii) Staff should check for a message from parents and call parent or guardian for permission to release the child.
- b) If staff cannot verify the person as authorized to pick up the child, they do not allow the child to be released and immediately contact their Supervisor.

1.2 Changes to authorized adults to pick up a child are only processed when court orders have been submitted to the program.

- 1.3 If a parent doesn’t come by closing time, staff shall remain calm and patient.
- a) Start calling the emergency numbers, to see if another authorized person can pick up the child; call your supervisor.
 - b) If staff cannot reach anyone, and if you haven’t heard from anyone by 6:30 PM, call the Redding Rancheria Child and Family Services Department: at 530-242-4525. (This is a 24 hour message number.) They will assume responsibility for the child.
 - c) Do not under any circumstances take the child home with you.

- 1.4 If a non-custodial parent arrives unexpectedly to take a child home:
- a) Staff shall remain calm: explain that you weren’t expecting them.
 - b) Ask “May we call your spouse? I want to avoid putting Head Start / Child Care in the middle of a misunderstanding.”
 - c) If the parent is adamant or is becoming agitated—do not put yourself or the children in jeopardy. Ask that the parents settle their problems privately and not jeopardize the ‘neutral ground’ of Child Care/ Head Start.

1.5 Unless prohibited by court order, both parents have legal access to their children.

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Policy ID 64008 (HPS-AD) Disaster Preparedness Plan

Related Regulations:	1302.47 b 8		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Safety Sandy		
	Updating with Sandy. This is not the plan; this is a list of what the plan must contain. Our actual plan is old and should be reviewed and updated.		
Responsibility:	Program Manager		
Timeline:	Annual review and as needed		
Evaluation:	Disaster plan		
Forms:			
Former Policies:	HS01 emergency Procedures; Employee Handbook		

Performance Objective: The program has all-hazards emergency management/disaster preparedness and response plans for more likely and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.

1.0 Disaster Preparedness Plan

1.1 The Grantee has a disaster preparedness plan in place which applies to its programs.

1.2 At a minimum, the disaster preparedness plan includes:

- a. Roles and responsibilities
- b. Specific tasks for each emergency phase (preparedness, response, and recovery)
- c. Anticipated needs
- d. Checklists and tools for drills
- e. Procedures
- f. Communication plans
- g. Disaster supplies kits, first aid kits, etc.

1.3 The Redding Rancheria Tribal Safety Manager and Head Start Program Manager review the plan annually and as needed.

1.4 See also [Policy ID 64001 \(HPS-AD\) Emergency Preparedness Planning](#).

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~ Policy ID 64009 (HPS-AD) Safe Home Visit Guidelines

Related Regulations:	1302.47 b 7		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Annual review and as needed		
Evaluation:	Home Visit Notes		
Forms:			
Former Policies:	PP10 Safe Home Visit Guidelines		

Performance Objective: The program has established guidelines to improve safety for staff during home visits.

1.0 Home Visit Safety Guidelines

- 1.1 Staff shall go to home visits in pairs whenever possible; mandatory for all new home visits.
- 1.2 Those leaving on home visits must sign out in the office prior to departure, providing destinations and cell phone numbers
- 1.3 Employees shall carry a fully charged cell phone on their person, not in a purse or bag. This is so you can call for help even if your purse or bag is stolen.
- 1.4 You must provide a detailed schedule for the day, including family's name and address prior to departure
- 1.5 Call the office to check in when you arrive at your destination, and provide an estimated time of the visit. Call immediately when you enter, so that the family knows you have checked in.
- 1.6 When the visit is complete, promptly drive to a safe location and call the office from your car. The monitor will contact you if you do not call within the agreed upon time.
- 1.7 Inform office if you have a change in your schedule
- 1.8 Plan the route to your visit and know your destination. Take a few minutes to survey the neighborhood. Identify nearby safety areas which you can reach quickly in the event of an emergency.
- 1.9 Limit valuables or money on your person. Lock your purse in the trunk or out of sight prior to leaving for your next destination. Keep vehicle locked at all times.
- 1.10 Lock your vehicle when traveling and when you park.
- 1.11 Park in well-lit areas when other cars cannot block you in. Park so that you can make a quick exit; for example, on a dead-end street, park facing out.
- 1.12. When you approach your vehicle to leave, pay attention to the inside and underside of your vehicle before entering it. Check under the vehicle while walking up to your car.
- 1.13 Keep your car keys on your person, not in a purse or bag.
- 1.14 Keep jewelry to a minimum and dress according to Head Start dress code.

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- 1.15 Enter a home only after an adult give you permission to do so and you have confirmed that the person you are there to visit is present.
- 1.16 If you discover or suspect weapons, illicit drugs or alcohol to be present, promptly end the home visit.
- 1.17 Staff may request that family members keep animals contained during home visits. If animals are not adequately restrained or if the family member refuses to do so, the home visit should be rescheduled.
- 1.18 Take whatever immediate steps are reasonably necessary for personal safety. If you believe your safety is threatened, remove yourself immediately, Go to a predetermined safe place to document your findings and report to your supervisor. Do not sit outside the home to complete paperwork.
- 1.19 If a treat to your personal safety should be made, immediately leave the premises and as soon as safely possible, contact law enforcement. Go to a predetermined safe place to document your findings and report to your supervisor.
- 1.20 Staff must receive permission from their supervisor when scheduling any home visit before or after normal business hours. Every effort should be made to schedule all home visits between the hours of 8:00 AM and allowing time to return by 5:00 PM.
- 1.21 Staff should check EZ Care and with other staff who have visited the child's home for potential safety issue prior to the home visit.
- 1.22 All employees will review these procedures and sign acknowledgement prior to home visiting.

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~ Policy ID 64010 (HPS-AD) Repairman Visits, Etc.

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program has established guidelines to improve safety for children while visitors/ repairmen are present.

- 1.1 All guests, visitors, repairmen, etc. are greeted and instructed to sign in / out in the main office
- 1.2 Guests and visitors must be visiting with a purpose that supports daily programming
- 1.3 Repairmen shall be scheduled during off child hours, if possible.
- 1.4 All guests, visitors and repairmen shall be escorted to their designated area by department staff and are never left unsupervised in the presence of children.
- 1.5 Repairmen who are working outside are instructed to return to the office when they have completed their work.
- 1.6 Staff are instructed to keep children away from areas where repairmen are working.

Health and Safety (HS)

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Policy ID 300A (HS) Active Supervision of Children including Transitions

Related Regulations:	1304.52 i 1 iii; 1302.47 b 5 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Management observation		
Forms:			
Former Policies:	HS22 Child Whereabouts		

Performance Objective: Head Start and Early Head Start staff prioritize children’s safety by providing continuous supervision.

1.0 Active Supervision of Children

1.1 Active supervision is a set of strategies for supervising infants, toddlers, and preschool children in classrooms, on field trips and socializations, on or near playgrounds and school buses, and wherever enrolled children are during program attendance.

- a) Program staff, utilizing the following six strategies working together to create an effective approach to child supervision:
 - i) Set up the environment to support supervision of children at all times. This may include developing and posting a daily classroom schedule for children, Classroom Teaching staff, Substitutes, and Volunteers to follow that helps to keep the day predictable. Consideration of the height and arrangement of classroom furniture and outdoor equipment allows effective monitoring and supervision of children at all times.
 - ii) Position themselves to see and reach children at all times. Plans can include staffing charts that identify the Teacher responsible for each area or activity and his or her duties during transitions before and after an activity.
 - iii) Scan the environment, including assigned areas of the classroom or outdoor area, and keep count of the children. Staff communicate with each other so everyone knows where each child is and what each one is doing, including the play areas and on the playground when children are constantly moving.
 - iv) Listen closely to children and the environment to immediately identify signs of potential danger. Program staff listen to and talk with team members, especially when a staff person or a child has to leave the area, so that staff knows where other staff are located.
 - v) Anticipate children’s behavior to give children any needed additional support, especially at the start of the school year and during transitions. Children who wander off or lag behind are more likely to be left unsupervised.
 - vi) Engage and redirect when children are unable to solve problems on their own. Program staff offer different levels of assistance according to each individual child’s needs.

2.0 Supervision During Transitions

2.1 Transitions are often the most challenging times to supervise children. To prevent children from being left unsupervised, program plans should include specific strategies for managing transitions throughout the day, such as when children arrive, leave, or move from one location to another within a center. Some examples may include Program staff:

- a) Developing specific plans for regular routines, such as drop-off and pick-up times, including staff assignments (who monitors the door, etc.).
- b) Ensuring that Teachers, Teachers’ Aides, and Volunteers know when transitions take place and are in position to provide constant supervision.

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- c) Discussing how the team adjusts to maintain appropriate Adult: Child ratios at all times, including when a Teacher needs to leave the room.
- d) Ensuring parents understand their responsibilities during drop-off and pick-up of their child, and being alert to potential child wanderings.
- e) Limiting the amount of time children are waiting in line to transition.
- f) Reaffirming to children what adults expect during transitions.
- g) Including plans for irregular times, such as when a center closes early due to weather or an outside door is open to allow the delivery of supplies.

3.0 Daily Procedures

3.1 Upon arrival, all children are signed in the attendance log by either their parent, guardian or bus driver or monitor.

- a) Classroom staff immediately mark child "present" on classroom attendance sheet.
- b) Children not present are marked "absent"
- c) Daily roll is reported to office staff who follow up on non-documented absences
- d) Staff perform "head counts" throughout the day – when entering or leaving school bus; when entering and leaving classroom; when entering or leaving playground etc.
- e) Bus drivers and monitors double check each other's counts; likewise teachers and assists double check each other's counts.
- f) If a child is missing from school, staff immediately report a "Missing Child"

4.0 Missing Child:

4.1 The Teacher or other staff will immediately notify the Program Manager or if he/she is not available, any other Office Staff. That person "takes over" the search.

- a) The Person in Charge will confirm the status of the missing child through use of the daily sign-in/sign-out sheets, and message board. The Person in Charge will verify that the child was at the Center that day and has not been picked up. Parents will be contacted to confirm that they have not arrived and taken the child without our knowing it.
- b) The Person in Charge will initiate a formal search within the facility and grounds
- c) The Person in Charge will assign staff members to search the grounds outside the Head Start facility, the creek and creek banks, as well as the street down to the Casino.
- d) The Person in Charge will assign staff members to thoroughly search the classrooms.
- e) The Person in Charge will contact the Tribal Education Director or other Tribal official to ascertain if the child is in Tribal Offices.
- f) If the Child is not located inside the Center, the immediate grounds, or Tribal Offices, the Person in Charge will notify the child's parent or guardian that the child is in fact missing and will telephone the local law enforcement at 911 to report a missing child. The Tribal CEO will be notified at this time.
- g) The Person in Charge will prepare a description of the child, clothing, etc. and will provide a photograph if possible, and will cooperate with the authorities in any way possible.
- h) If a child is missing during a field trip away from the Head Start/ Child Care facility:

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- i) The staff will immediately notify the Person in Charge.
 - ii) The Person in Charge will confirm from the daily sign-in/sign-out sheets that the child was on the outing.
 - iii) Staff will ensure that all of the other children are kept in one location or area.
 - iv) If in a building, staff will notify the building manager that a child is missing and request immediate assistance to locate the child.
- (e) The staff person in charge at the remote location will initiate a formal search of buildings and immediate grounds along with other available staff to locate the child.
- (f) If the child is not located in the initial search, the Person in Charge will notify the child's parent or guardian that the child is missing and will call the local law enforcement to report the missing child. At this time, the Head Start and Child Care Center staff, and Tribal CEO will also be notified.
- (g) The person in charge will prepare a description of the child, clothing, and will provide a photograph if possible, and will cooperate with the authorities in any way possible.

4.0 Related Policy

4.1 See also [Policy ID 606 \(FC\) Outdoor Environments/Playgrounds and Active Supervision](#).

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Policy ID 300 (HS) Health Staff Training and Experience

Related Regulations:	<i>1304.52 d 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	As Required		
Evaluation:	Licensed or certified health professionals		
Forms:			
Former Policies:	HR02 Staff Qualifications and Job Descriptions		

Performance Objective: The content area experts assigned to oversee health services have training and experience in public health, nursing, health education, maternal and child health, and/or health administration. Each program ensures that health procedures are performed only by licensed or certified health professionals.

1.0 Health and Disabilities Coordinator Training and Experience

1.1 Each program assigns a staff member to oversee health services.

a) Those staff members must have appropriate training and experience in public health, nursing, health education, maternal and child health, and/or health administration.

1.2 Programs have in place and review job descriptions for the content area experts who oversee health services before interviews are conducted.

a) Such job descriptions include the required license and/or certification for health professionals with experience and expertise in serving young children and their families.

b) Program review of health professional job descriptions includes reviewing required licenses and certification.

1.3 The employee files, contracts, and/or resumes of the Health Content Area experts include documentation of:

a) License or certification; including the name of accrediting body

b) Degree(s) achieved

c) Training or experience in public health, nursing, health education, maternal and child health, and/or health administration qualifications and

d) Experience serving young children and their families.

1.4 The Health and Disabilities Coordinator and health consultants provide regularly scheduled and ongoing content area expertise and oversight.

1.5 When the program administers health procedures, they are performed only by licensed and/or certified health professionals.

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Policy ID 301 (HS) Child Enrollment and Health Information/Contact Sheets

Related Regulations:	<i>1304.20</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	During enrollment/registration		
Evaluation:	Documentation of child health in electronic record-keeping system and child file		
Forms:			
Former Policies	Employee Handbook		

Performance Objective: Each program processes child enrollment and health information in accordance with State, City license, and Head Start Performance Standards.

1.0 Child Enrollment and Health Information

1.1 As part of the enrollment and registration process, the *Emergency Contact Form* is completed by the parent(s).

- a) The Administrative Assistant enters the data from the *Contact Form* in the electronic record-keeping system.

1.2 The ***Emergency Contact Form*** must accompany the child during:

- a) All field trips
- b) Emergency/medical transportation
- c) Community walks
- d) On the playground

1.3 The program uses the information from the ***Emergency Contact Form*** to provide emergency information and contact information as needed..

2.0 Parents Inform the Program

2.1 The program requests that parents inform them of any health or safety needs of the child that the program may be required to address, and that this information is kept current.

2.2 The program shares information, as necessary, with Transportation Staff in accordance with the program’s confidentiality policy (see [Policy ID 800 \(MSP\) Confidentiality: Locked Files and Appropriate Handling of Records](#) and [Policy ID 130320 \(PCR\) Protections for the Privacy of Child Records](#)).

2.3 Program Management informs Program staff of accommodations that must be made for the child.

2.4 Information about children’s health or safety needs is kept confidential in the child files.

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Policy ID 302 (HS) Incidents and Injuries

Related Regulations:	<i>1304.22 a 4; 1304.22 d 1; 1304.22 d 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	Required when an incident or injury occurs		
Evaluation:	Completed Incident/Injury Report Form		
Forms:			
Former Policies:	HS04 Injury Prevention		

Performance Objective: The program strives to prevent injuries and responds to medical and dental health emergencies and notifies the parents and the Grantee in the event of an emergency involving an enrolled child of the program.

1.0 Incident Prevention

- 1.1 Program staff attempt to prevent injuries.
- 1.2 Program staff ensure that staff and volunteers can demonstrate safety practices.
- 1.3 Program staff foster safety awareness among children and parents by incorporating it into activities such as:
 - a) Staff will model safe behavior including wearing seat belts and using age appropriate child restraints in the school van
 - b) Staff will discuss provide injury prevention training and information to the children and parents including:
 - i) seat belt use and proper installation of car seats
 - ii) pedestrian safety
 - iii) school bus safety
 - iv) playground safety
 - v) fire safety
 - vi) poison prevention
- 1.4 Only staff members trained in First Aid and CPR can administer first aid to an injured child.

2.0 Incident/Injury Reporting

- 2.1 When an incident or injury occurs, the staff member in charge of the child when the incident/injury occurred completes the *Incident/Injury Report Form*. Such incidents include:
 - a) An illness, accident, or injury that requires first aid treatment
 - b) A bump or blow to the head
 - c) An illness, accident, or injury that requires emergency transportation
 - d) An unusual or unexpected event that jeopardizes the safety of children or staff, such as a child leaving the premises unattended.
- 2.2 The staff member completing the *Incident/Injury Report Form* documents what occurred, what was done to care for the child, notification to parents, and the parents' responsibility to this notification.
- 2.3 The Administrative Assistant or other staff ensure prompt entry of the Incident Report into the electronic data program.
- 2.4 The Program Manager immediately notifies the Indian Health Services of the serious incident, injury, or illness.
- 2.5 Written notification follows the 24-hour verbal notification and is documented on the *Incident/Injury Report Form*. This Form is faxed or mailed to IHS within three business days of the occurrence with copy to the tribe legal department. If

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there are concerns of child abuse or neglect, Program Management will notify the Redding Rancheria Child and Family Services Department. [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect.](#))

- 2.6 In the event of the death of a Child or Another Person;
- a) Staff will immediately notify emergency medical personnel.
 - b) Staff will immediately notify the Head Start and Child Care Program Manager.
 - c) The Program Manager will immediately notify the child's parent or guardian that there has been an accident involving their child - Parent will be directed to immediately meet at the hospital.
 - d) Provide age appropriate information to the parent or guardian of the other children
 - e) Obtain and provide appropriate grief and other support information to the parent or guardian of a deceased child.
 - f) Arrange for student and staff grief counseling.
- 2.7 If a child dies while not at the Head Start and Child Care, the Program Manager will:
- a) Provide age appropriate information to the parent or guardian of the other children.
 - b) Provide appropriate grief and other support information to the parent or guardian of the deceased child.
 - c) Arrange for student and staff grief counseling.
- 2.8 The Redding Rancheria Executive Team and Indian Health Services are contacted as soon as possible verbally and in writing as described above.

3.0 Emergency Transportation

- 3.1 Staff follow the procedures of [Policy ID 305 \(HS\) Emergency Transportation](#) as needed.

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Policy ID 303 (HS) Medical, Dental and General Emergencies

Related Regulations:	(1302.41 b 2)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
???	Needs work- see below		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Medical, Dental, and General Emergency Plan posted in a conspicuous area		
Forms:			
Former Policies:	HS13 Medical Emergency Procedures; Posted Procedures		

Performance Objective: All programs operating under the Grantee must have a *Medical, Dental, and General Emergency Plan Form* posted in a conspicuous area complete with emergency phone numbers.

1.0 Medical, Dental and General Emergencies

- 1.1 The *Medical, Dental, and General Emergency Plan* is posted in every classroom and conspicuous areas, with emergency phone numbers.
- 1.2 Staff present when the emergency occurs accurately complete each section of the Incident/Accident Report
- 1.3 All staff review the Plan at least once per year and as needed.
- 1.4 Program Management trains the entire staff on the Plan for:
 - a) Dental emergencies
 - b) Fire emergencies
 - c) Weather alerts/emergencies
 - d) Evacuation emergencies
 - e) Threats of violence (bomb threats, hostage situations, other)
 - f) Loss of power, water or heat
 - g) Serious injury or illness.

2.0 Procedures:

- 2.1 To ensure that a medical emergency is handled promptly, effectively, and appropriately the following actions will be taken.
 - a) Emergency medical procedures for impaired breathing, excessive bleeding, and all other emergencies are posted in classrooms.
 - b) There will always be at least one staff present with the children whom is CPR and first aid certified. In addition, staff members shall be trained in infant CPR.
 - c) The Director or person in charge will ensure that staff is made aware of the medical needs of special needs children.
- 2.2 When an immediate response is required, the following emergency procedures will be used:
 - a) A staff member trained in First Aid or CPR shall provide appropriate emergency care to the person or persons.
 - b) Another staff or adult will call "911" to contact the Emergency Medical System and will provide the following information:
 - i) Name of caller
 - ii) Name of facility/location
 - iii) Nature of the emergency
 - iv) Telephone number of where they are calling from
 - v) Location of the needed response
 - v) Directions to the location
 - vi) Exact location within the facility of injured person or persons

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- vii) Condition of person injured
 - viii) Emergency medical care being given
 - c) The person making the call will stay on the line if possible until Emergency Medical System personnel arrive.
- 2.3. Emergency transportation for necessary medical care will be determined by the Emergency Medical System operator or the parent/guardian. In the event center staff must transport an injured child or staff member, the person will be transported to the nearest emergency medical facility. A staff member will stay with the injured until the parent and/or guardian arrives.
- 2.4 The Program Manager or designee will implement the Emergency Contact Procedures (See Section II.B. of the Emergency Preparedness Plan).
- 2.5 The following conditions will also be treated as medical emergencies:
- a) A child has a temperature of 105 degrees Fahrenheit or higher.
 - b) Any child looks or acts very ill or seems to be getting worse quickly.
 - c) Any child has neck pain when the head is moved or touched or if a child has a stiff neck or severe headache.
 - d) Any child has a seizure for the first time.
 - e) Any child acts unusually confused.
 - f) Any child has unequally sized pupils (black centers of the eyes).
 - g) Any child has a blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with an injury.
 - h) Any child has a rash of hives or welts that appear quickly.
 - i) Any child breathes so fast or hard that he or she cannot play, talk, cry or drink.
 - j) Any child has a severe stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall.
 - k) Any child has stools that are black or have blood mixed through them.
 - l) Any child has not urinated in more than 8 hours, and the mouth and tongue look dry.
 - m) Any child has continuous clear drainage from the nose after a hard blow to the head.
 - n) Staff will document medical emergencies on the appropriate Illness incident or Injury Incident Report forms.

2.6 Dental Emergencies:

- 1.5 See also [Policy ID 302 \(HS\) Incidents and Injuries](#) and [Policy ID 304 \(HS\) Health Emergency Procedures](#) and [Policy ID 64001 \(HPS-AD\) Emergency Preparedness Planning](#).

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Policy ID 304 (HS) Health Emergency Procedures

Related Regulations:	1304.22 a; 1304.22 a 1 - 5; 1304.53; 1302.41 b 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Health emergencies documented in child's file and entered into electronic record-keeping system.		
Forms:			
Former Policies:	HS13 Medical Emergency Procedures; Posted Procedures		

Performance Objective: Programs operating at center-based options must implement these policies and procedures to respond to medical and dental health emergencies. Programs must ensure that all staff are trained and familiar with these procedures.

1.0 Health Emergency Procedures

- 1.1 Programs post policies and plans of action for emergencies that require rapid response on the part of staff (e.g. a child choking) or immediate medical or dental attention.
- 1.2 The location and telephone numbers of emergency response systems are posted in a conspicuous place in every classroom. Emergency contact numbers include those for police, fire, ambulance, poison control, Child Protective Services, the Center for Disease Control, and others as appropriate (see [Policy ID 303 \(HS\) Medical, Dental and General Emergencies](#)).
- 1.3 Classroom Teachers are responsible for maintaining up-to-date family contact information and authorization for emergency care for each child including emergency transportation authorization, in a secure place in the classroom.
- 1.4 Emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) are conspicuously posted.
- 1.5 Emergency evacuation routes and other safety procedures for emergencies are practiced regularly (see 1304.53 for additional information).
- 1.6 Administrative Assistant or designee are responsible for documenting monthly fire drills and making them available for review at all times.
- 1.7 Administrative Assistant or designee are responsible for documenting monthly tornado drills (April through June) and making them available for review at all times.
- 1.8 Program Management are responsible for insuring that parents are notified in the event of an emergency involving their child. Methods of notification include telephone, in person, through emergency contacts, e-mail, text messages and/or other viable means.
- 1.9 The program makes this policy available to parents.

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Policy ID 305 (HS) Emergency Transportation

Related Regulations:	<i>1304.22 a</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Documentation of emergency transportation		
Forms:			
Former Policies:	HS13 Medical Emergency Procedures		

Performance Objective: Emergency transportation is required whenever a serious injury, accident, or illness occurs at an Early Head Start or Head Start location.

1.0 Emergency Transportation

- 1.1 If a serious injury, accident or illness occurs at a Head Start/Early Head Start location, the Classroom Teacher or Health and Disabilities Coordinator or senior staff stays with the affected child/children.
- 1.2 Program Management calls the Win River Casino paramedics at 243-3377 or by dialing 911 if and when feasible.
- 1.3 The paramedics determine whether or not the child needs emergency transportation to a hospital or clinic.
- 1.4 Program Management makes every effort to contact the family.
- 1.5 In emergency situations, Program Management makes sure all children are safe and under the supervision of adults.
- 1.6 Program Management ensures that child health information *Emergency Contact Sheet*, etc.) accompanies the child to the emergency medical location.
- 1.7 Program Management completes the *Incident/Injury Report Form* and follows [Policy ID 302 \(HS\) Incidents and Injuries](#).
- 1.8 See also [Policy ID 304 \(HS\) Health Emergency Procedures](#).

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Policy ID 306 (HS) First Aid Kits

Related Regulations:	1304.22 f 1-2 ; 1302.47 b 1 vi ; 1303.71 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Inventory		
Forms:			
Former Policies:	HS10 First Aid Kits; Monthly Net-facilities Safety Checklists		

Performance Objective: All program classrooms, Home School options, and buses have readily available, well-supplied first aid kits appropriate for the ages served and available on outings away from the site and accessible to staff members at all times but kept out of the reach of children.

1.0 First Aid Kits

1.1 First Aid kits are available in each classroom, bus and van, and are accessible to all staff members at all times.

1.2 First aid kits are kept out of the reach of all children.

1.4 Classroom Teaching staff make sure that First Aid kits are available on field trips and bus rides.

a) See also [Policy ID 4002 \(EECD\) Field Trips](#).

1.5 Teachers, bus drivers and Parent and Community Partnership Coordinators perform monthly inventory of first aid kits:

- a) To ensure that adequate supplies are kept at all times, staff use a *First Aid Kit Log and Ordering Form* for monthly inventory* and monitor expiration dates closely; these forms are forwarded to the Health and Disabilities Coordinator.
- b) The Health and Disabilities Coordinator is assigned responsibility to restock the first aid kits

1.6 The following supplies are included in each First Aid kit:

- | | |
|------------------------------------------------|----------------------------------------------------------------|
| 1 roll hypoallergenic first aid tape | 25 assorted bandages individually packaged |
| 1 roll 2 inch gauze roller bandage | 1 flashlight |
| 12 sterile gauze squares individually packaged | 1 rounded end scissors |
| 1 sling or triangular bandage | 1 disposable or non-mercury thermometer with disposable covers |
| 1 tweezers | 6 assorted sealable plastic bags |
| 1 cold pack | Bottled water, soap or hand sanitizer (for field trips only) |
| 1 face shield | Any additional items as determined necessary |
| 2 pairs of disposable vinyl gloves | |

*(Supply list developed from recommendations by the American Red Cross and other sources.

2.0 Health and Safety Training

2.1 The Grantee provides monthly health and safety training to Head Start and Early Head Start staff and parents, which includes the following:

- a) First Aid safety practices

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b) Uses of First Aid kits

3.0 Dental First Aid

- 3.1 In the event of a dental emergency, Classroom Teaching staff and Health and Disabilities Coordinator follow the procedures of [Policy ID 303 \(HS\) Medical, Dental and General Emergencies](#).
- 3.2 A tooth preservation system or fresh chilled milk in which to transport a tooth is required.

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Policy ID 308 (HS) Medical/Physical Care Plan

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Signed and completed Child Medical/Physical Care Plan		
Forms:			
Former Policies:	HL03 Extended Follow-up and Treatment		

Performance Objective: Parents and Classroom Teaching staff, Health and Disabilities Coordinator and Parent and Community Partnership Coordinator and parents work together to complete a: *Child Medical/Physical Care Plan Form* for children with special health conditions, medical symptoms, and for food and activities to avoid.

1.0 Medical/Physical Care Plan

- 1.1 Health and Disabilities Coordinator files a completed, signed and dated :*Child Medical/Physical Care Plan Form* by the parent and Head Start/Early Head Start Program staff.
- 1.2 Classroom Teaching staff (all staff) follow the instructions on the *Child Medical/Physical Care Plan Form*, including documentation of training received by the parent or a certified professional.
- 1.3 The program ensures that a trained staff person is available on site to administer medication. (See [Policy ID 307 \(HS\) Administering Medicine to Children.](#))
- 1.4 If medication is required as part of this care plan, staff follow the procedures of [Policy ID 307 \(HS\) Administering Medicine to Children.](#)
- 1.5 See [Policy ID 60003C \(HS\) Provision of Extended Follow-up and Treatment](#)

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Policy ID 309 (HS) Transportation of Medication Request

Related Regulations:	1304.22 c 1; 1302.42 d 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Documentation of transportation of medication		
Forms:			
Former Policies:			

Performance Objective: When parents want Head Start/Early Head Start staff to transport medicine to or from Head Start/Early Head Start locations, the program complies upon receipt of a completed and signed *Transportation of Medication Request Form*.

1.0 Transportation of Medication Request

- 1.1 Program Management give the medication and the original *Transportation of Medication Request Form* to the :Bus Monitor who will be transporting the medication.
- 1.2 Classroom Teachers *Transportation of Medication Request Form* when the medication is received at the site.
 - a) The original *Transportation of Medication Request Form* is kept in the medication lock box at the center/site.
 - b) A copy of the *Transportation of Medication Request Form* is filed in the child’s folder at the center/site.
- 1.3 No medication is transported without required documentation.
- 1.4 Appropriate staff put the medication in a locked box at the appropriate temperature, as required.
- 1.6 Transportation staff give the medication, *Transportation of Medication Request Form*, Health Care Plan, and :*Request for Administration of Medication For*> to the designated site staff upon arrival.

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Policy ID 310 (HS) Immunizations

Related Regulations:	1308.5 e 3; 1304.20 a 1 ii; 1302.15 e		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/15/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Upon registration and/or enrollment		
Evaluation:	All Head Start children have documented complete or current immunization status and up-to-date immunization records prior to admission.		
Forms:			
Former Policies:	HS15 Immunizations and Well Child Procedures		

Performance Objective: Each program assists families in ensuring that all children enrolling in Head Start/Early Head Start are up-to-date in immunizations and assists families with children who are not up-to-date with immunizations.

1.0 Immunizations

1.1 Parents must complete and provide the following Enrollment Packet prior to their child entering the Head Start or Child Care classroom. These items must be received within the time specified after the offer of enrollment or the child will be placed back in the enrollment pool.

- a) Parents/guardians must provide:
- b) completed Enrollment Packet (all pages)
- c) completed Health Packet (all pages including Child Developmental Screeners)
- d) child’s most recent physical exam (CHDP or Well Child) (including TB and Lead tests)
- e) child’s most recent immunization history

1.2 Upon registration and/or enrollment, parents present a copy of their child’s immunization record.

1.3 Health and Disabilities Coordinator assesses immunization status based on California Department of Health immunization schedule requirements.

1.4 Health and Disabilities Coordinator discuss with parents if immunization shots are needed. In conjunction with the family, if a child is behind on immunizations, the Health and Disabilities Coordinator discusses with parents which immunizations are due based on the EPSDT and as described in CA SB277.

15 Immunizations must be current prior to admission. The following are required for children entering preschool:

- a) 3 polio; 4 DTaP; 3 HepB; 1 MMR; 1 Hib; 1 Varicella
- b) Health and Disabilities Coordinator and Parent and Community Partnership Coordinator assist parents in arranging medical appointments as needed.

1.6 Personal and religions exception to this regulation are no longer accepted. See CA SB 277

1.7 Medical exemptions must include a written statement from a licensed physician (M.D. or O.D.) which states that the physical condition or medical circumstances of the child are such that the required immunization is not indicated. It must state which vaccines are being exempted, whether the medical exemption is permanent or temporary and if temporary, when the date of expiration of the exemption.

1.8 The Health and Disabilities Coordinator and/ or the Administrative Assistant enters all immunization and approved exemptions in the electronic record-keeping system.

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Policy ID 311 (HS) Safe Outside Play Temperatures

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As weather permits		
Evaluation:	Observation		
Forms:			
Former Policies:			

Performance Objective: Each program provides an opportunity for supervised outdoor play each day when weather is suitable.

1.0 Safe Outside Play: Temperatures

1.1 Each center/site plans a daily outdoor play period for each child: Outdoor play is shown as part of the center/site program schedule.

1.2 Children play outside in most types of weather.

a) The center/site takes into account the combined effects of wind or humidity and the current temperature.

b) The heat index or wind chill factor is the best gauge of the conditions outside.

1.3 **Extreme Heat:** Because extreme heat and prolonged exposure to the sun may cause sunburn or heat exhaustion for some children, Classroom Teaching staff exercise good judgment regarding the safety of children playing outdoors in all types of weather.

a) Hot temperature indicators:

100 degrees Fahrenheit= caution

105 degrees Fahrenheit= danger, short outdoor play in the shade

110 degrees Fahrenheit and above= extreme danger, no outdoor play

b) Classroom Teaching staff make sure that safe, drinkable water is available for staff and children to drink.

c) When the outdoor temperature exceeds 110 degrees Fahrenheit, the program disallows children playing outside.

1.4 **Extreme Cold:** When the temperature is very cold, Classroom Teaching staff and may limit or disallow outdoor play.

a) Cold temperature indicators:

20-32 degrees Fahrenheit= caution

0-19 degrees Fahrenheit= danger, no outdoor play

-10-0 degrees Fahrenheit= extreme danger, no outdoor play

b) Classroom Teaching staff exercise good judgment regarding the safety of children playing outdoors in all types of weather.

c) Classroom Teaching staff are responsible for taking appropriate precautions as feasible such as dressing children in layers with hats and mittens.

1.5 Classroom Teaching staff are encouraged to discuss with parents the importance of dressing their children appropriately.

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Policy ID 315 (HS) Obtaining and Arranging Medical and Dental Care

Related Regulations:	1304.20 a 1 iii, 1304.20 c 3, 1304.20 d; 1302.42 a 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Within 30 days of program opening date or child's enrollment for medical exam; Within 90 days of program opening date or child's enrollment for dental exam		
Evaluation:	Documentation of child's medical exam, dental exam		
Forms:			
Former Policies:	FPO2 Accessing Community Services and Resources		

Performance Objective: Each program obtains or arranges further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem.

1.0 Obtaining and Arranging Medical and Dental Care

- 1.1 When the CHDP, Child *Physical Examination/Assessment Form* or *Dental Health Form* is received indicating the need for medical or dental treatment, the Health and Disabilities Coordinator contacts the medical or dental provider to verify the medical or dental follow-up.
- 1.2 If a follow-up examination has not been scheduled, the Health and Disabilities Coordinator contacts the parent.
 - a) Health and Disabilities Coordinator assists the parents in arranging and/or obtaining medical and dental treatment.
 - b) All medical and dental treatment follow-ups identified by a doctor are initiated as quickly as possible, and completed to the extent possible in a timely manner.
- 1.3 When medical and dental treatment is completed, the medical and dental providers send the *Physical Examination/Assessment Form* and/or *Dental Health Form* to document completion of the treatment.
 - a) Health and Disabilities Coordinator enters the information in the electronic record-keeping system.
 - b) Health and Disabilities Coordinator file the *Forms* in the child's health folder.
- 1.4 Health and Disabilities Coordinator and Parent and Community Partnership Coordinator assist families who do not have insurance by directing them to state Medicaid resources.
- 1.5 Health and Disabilities Coordinator assists parents in identifying medical and dental providers.
- 1.6 Dental exams are completed within 90 days of the child's enrollment.

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Policy ID 317 (HS) Health Follow-Up

Related Regulations:	1304.20 a 1 iv (1302.42 d)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As soon as information is received		
Evaluation:	<Form: <i>Progress Notes</i> >; Documentation in child’s file; Electronic record-keeping system reports		
Forms:			
Former Policies:			

Performance Objective: Each program implements a follow-up plan for any identified concern/s so that any needed treatment has begun.

1.0 Health Follow-up

- 1.1 Medical: Upon receipt of CHDP or *Physical Examination/Assessment Form* from the physician, the Health and Disabilities Coordinator begins follow-up according to the timeframe specified.
- 1.2 Dental: Upon receipt of the *Dental Health Form* from the dentist, the Health and Disabilities Coordinator begins follow-up according to the timeframe specified.
- 1.3 Lead: When screenings show lead levels at 5 mcg or above, the Health and Disabilities Coordinator contacts the Redding Rancheria Medical Director for guidance.
- 1.4 Weight and/or Height Charts: When results are greater than the 95th percentile on the growth chart,, the Health and Disabilities Coordinator contacts the Redding Rancheria Medical Director for guidance.

2.0 Electronic Record-Keeping System Initial Health Event Action

- 2.1 The Health and Disabilities Coordinator enter follow-up information in the electronic record-keeping system as an “action” to the initial health event, and place it in the child’s file.

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Policy ID 319 (HS) Medical and Dental Bill Payment for Uninsured Children

Related Regulations:	1304.20 c 5 (1302.42 e 2)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Evaluation:	Proof that provider received payment		
Forms:			
Former Policies:			

Performance Objective: Program funds may be used for professional medical and dental services when no other source of funding is available.

1.0 Medical and Dental Bill Payment for Uninsured Children

- 1.1 The Head Start/Early Head Start program does not pay for medical or dental bills when other sources of funding can be used to pay those costs.
 - a) The Health and Disabilities Coordinator researches at least four other sources of funding and document their efforts in the child's file.
- 1.2 The program does not deny children enrollment into Head Start or Early Head Start on the basis of lack of medical or dental insurance.
- 1.3 If a family is uninsured, the Health and Disabilities Coordinator assists them in obtaining Medicaid services (via referral to State Medicaid offices and/or web site and connection to appropriate Medicaid resources).
- 1.4 The Redding Rancheria Indian Health Clinic is the first source of Medical, Dental, Mental Health and Nutrition care.
- 1.5 If a viable source of insurance or medical service is found and the parent declines that insurance or service, Head Start staff shall document this in the child's file; the program is not liable for any future costs.
- 1.6 Any approved medical bills are submitted for payment following the usual manner.

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~ Policy ID 320 (HS) RR Lice and Nit Policy

Related Regulations:	1304.20 c 5 (1302.42 e 2)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/3/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Evaluation:	Proof that provider received payment		
Forms:			
Former Policies:	HS07		

Performance Objective: To minimize the spread of lice and to educate parents on effective treatments.

1.0 Head-checks

- 1.1 The Redding Rancheria Head Start and Child Care will do head checks every Monday and Friday as soon as the children arrive. Staff will use Purell as a disinfectant after each check child's hair is checked. If an outbreak occurs, head checks will be done daily, on all children, until the threat has past. Documentation will be on a health/assessment sheet with date that will be attached to the 1st Health/Assessment sheet. At the beginning of the school year, head checks will be done on a daily basis, for two weeks.
- 1.2 Any child found to have head lice, or nits 2mm (approx. 1/8") or closer to the scalp, will immediately be isolated, from the other children. The child's parent will be called to pick the child up, and to treat their child for active lice. If the parent is not available, someone from their emergency contact list will be notified. A "lice Kit" will be sent home with each occurrence. This kit consists of Tea Tree shampoo. - and 2 green scrubby squares. Instructions for use will be included, as well as information on how to keep their home lice-free.
- 1.3 If the child has been treated for lice, with none remaining, but still has nits that are more than 2mm from the scalp, they may return to school. If nits are at scalp level, they must be removed before child can return. Nits cannot live when they are more than 2mm away from the scalp. The parent will be asked to work on nit removal. Parents are encouraged to do a 2nd treatment 14 days after finding lice in the child's hair.
- 1.4 The Health Coordinator will contact the bus driver every time a child is sent home with lice. The bus drivers are not allowed to transport the child until they receive a release by the Health Coordinator, or other staff member.

2.0 Returning to School

- 2.1 When the parents feel their child is ready to return to school, they are required to bring the child to the Head Start and Child Care facility. At this time, the Health Coordinator (or other Head Start and Child Care staff) will check to confirm there are no lice, and if any nits remain, they are more than 2 mm from the scalp.
- 2.2 When the child has been determined by the Health Coordinator (or other Head Start and Child Care staff) to be free from lice, a release shall be given for transportation, and the child may resume riding the bus. Parents will be asked to continue to work on removing all the nits. The child will be checked daily for a week upon return to school. Parent training will be scheduled at least once a year for parents to learn how to make their homes lice free. This information is also in the Parent Handbook, and reviewed during Parent Orientation.

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~ Policy ID 321 (HS) RR Asthma Trigger Reduction

Related Regulations:	Local Policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Responsibility:	Health and Disabilities Coordinator		
Evaluation:	Proof that provider received payment		
Forms:			
Former Policies:	PP11 Asthma Trigger Reduction		

Performance Objective: To assist children and adults with breathing or other medical issues, the following shall apply to all Head Start department employees and volunteers:

1.0 Asthma

1.1 Asthma attacks, allergy attacks and migraines occur from nature and from man-made products. The following list is not inclusive:

1.2 Staff and volunteers are asked to restrict:

- a) Use of perfume or lotions that have a strong scents
- b) No pets on Head Start campus without prior approval from Program Manager
- c) Smell from cigarettes/ vapor cigarettes, cigar, marijuana clinging to person's clothing
- d) Use of fragrant sprays or air fresheners
- e) Use of chalk in the classroom due to chalk dust. Other dusty items should be avoided.

1.3 Food Allergies: if an enrolled student has a nut allergy; all menus will be changed to exclude nuts. Also staff will not bring nuts of any kind into the classroom.

1.4 During facility safety checks, staff will look for molds, mushrooms or any suspicious looking growths inside and outside the buildings, and will also report any usual odors

1302 Subpart E - Family and Community Program Services (FCE)

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Policy ID 70000 (FCE) Family Engagement

Related Regulations:	1302.50		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	FP04 Parent Involvement, General		

Performance Objective: The program integrates parent and family engagement strategies into all systems and program services to support family well-being and promote children’s learning and development.

1.0 Family Engagement

- 1.1 The program recognizes parents as their children’s primary teachers and nurturers and implements intentional strategies to engage parents in their children’s learning and development and supports parent-child relationships, including specific strategies for father engagement.
- 1.2 The program develops relationships with parents and structures services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community.
- 1.3 The program collaborates with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability.
(See [Policy ID 60002 \(HPS\) Collaboration and Communication with Parents](#))
- 1.4 The program provides parents with opportunities to participate in the program as employees or volunteers.
 - a) See [Policy ID 944 \(HR/PP\) Parent Preference in Hiring](#).
 - b) See [Policy ID 70044 \(FCE\) Parent Involvement – Volunteers](#).
- 1.5 The program conducts family engagement services in the family’s preferred language, or through an interpreter, to the extent possible, and ensures families have the opportunity to share personal information in an environment in which they feel safe.
 - a) See [Policy ID 90003 \(HR/PP\) Communication with Dual Language Learners and Their Families](#) and [Policy ID 70040 \(FCE\) Family Partnership Building](#) and [Policy ID 60002 \(HPS\) Collaboration and Communication with Parents](#).
- 1.6 The program implements procedures for PCPC, Health and Disabilities Coordinator, Teachers, and consultants to share information with each other, as appropriate and consistent with the requirements in parts 1303.20 through 1303.24; FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.
- 1.7 The program may develop innovative two-generation approaches that address prevalent needs of families across the program that may leverage community partnerships or other funding sources.

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Policy ID 70001 (FCE) Parent Engagement/Parent Involvement (General)

Related Regulations:	1302.50		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Throughout program year		
Evaluation:	Parent participation in all aspects of the program		
Forms:			
Former Policies:	TP8-0218/ PG01 Policy Council and Parent Committee Structure; PG05 Parent Committee		

Performance Objective: In addition to involving parents in program policy-making and operations, the program provides parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group.

1.0 Parent Involvement in Decision-Making

- 1.1 The program supports and encourages parents in making decisions about content and operation of the program and how they and their child will participate in it.
- 1.2 The program maintains a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program.
 - a) This structure varies from location to location, but normally consists of a Center Committee (Kids Count Committee) and the Parent Policy Council.

2.0 Parent Involvement in the Classroom

- 2.1 The program supports and encourages parents to visit, work in, and/or volunteer in the classroom.
 - a) This is a time for staff and parent to become better acquainted and learn from each other.
- 2.2 Parents may participate in the classroom as paid employees, volunteers, or observers.
 - a) Qualified parents receive additional points in the interview process for employment in Head Start.
 - b) As volunteers, parents participate in classroom activities and supplement the services of paid employees.
 - c) The program encourages all enrolled parents to visit the classroom and observe what goes on during the year.

3.0 Parent Involvement in Parent-Oriented Activities

- 3.1 The program respects parents as adults with interests and aspirations of their own.
- 3.2 Throughout the program year, the program provides opportunities for parent involvement in training, activities, and on community problems of common concern, such as health, education, and housing issues.

4.0 Parent Involvement in Home Activities with Their Children

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- 4.1 The PCPC, Health and Disabilities Coordinator and Classroom Teachers provide resources for activities that parents and children can do together.
- 4.2 Head Start/Early Head Start guides and assists parents in encouraging their children's development at home.
- 4.3 Although parents are not required to permit home visits in order for their child to participate in Head Start/Early Head Start, the PCPC, Health and Disabilities Coordinator and Classroom Teacher emphasize the importance and advantage of this service.

5.0 Parent Involvement with the Program

- 5.1 Early Head Start and Head Start settings are open to parents during all program hours.
 - a) Parents are welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities.
- 5.2 The participation of parents in any program activity must be voluntary, and is not required as a condition of the child's enrollment.
- 5.3 The program provides parents with opportunities to participate in the program as employees or volunteers.
- 5.4 The program includes parents in educational decisions related to their children by encouraging parent input in the selection of curriculum; encouraging parent observation and participation in child activities at the program, etc.
 - a) Classroom Teaching staff encourage parents to create verbal or written stories with their children in their preferred language.
 - b) Classroom Teaching staff solicit parent ideas for classroom activities and teaching approaches and work with parents to implement them.
- 5.5 The program develops and shares materials and activities to encourage parent participation and to make parents feel welcome at the program.

6.0 Program Services

- 6.1 The program provides parents with opportunity to discuss with staff any information related to their child's education/development (such as developmental assessments, screening results, Education Updates, etc.).

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Policy ID 7000A (PFCE) Parent Orientation Handbooks

Related Regulations:	1304.51		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Distribution at Orientation; Ongoing upon new enrollment		
Evaluation:	Parents receive Parent Orientation Packets		
Forms:			
Former Policies:	Parent Handbook		

Performance Objective: Part of each program’s communication system with parents includes the provision of Parent Orientation Packets to each parent at orientation.

1.0 Parent Orientation Handbook

1.1 The Program Manager and staff select materials and prepare the Parent Orientation Handbook during the summer.

1.2 Each Parent Orientation Handbook contains selected material, such as but not limited to the following:

- a) Classroom rules
- b) Community Resource Directory or list
- c) Contact information
- d) Forms
- e) Grievance Procedures
- f) Head Start program brochure
- g) Information on fire and burn prevention
- h) Transportation services
- i) Volunteer opportunities
- j) Administration of Medication and Discipline Policy
- k) Calendar of Events (general)
- l) Communicable Disease Procedure ([Policy ID 64003 \(HPS-AD\) Protection from Contagious Disease/Communicable Disease](#))
- m) Daily Schedule
- n) Emergency Plan
- o) Head Start Requirements
- p) Nutrition Information
- q) School Closing procedures

1.3 After updating the Parent Orientation Handbook, staff distribute it to parents during intake and or at Home Visits.

1.4 Parents of children who enroll later in the year receive the Parent Orientation Handbook at the time of their child’s enrollment.

1.6 Parents are asked to sign and date the *Head Start Handbook Sign-Off Form*, indicating that they have received the Parent Orientation Packet.

1.6 Throughout the year staff encourage parents to keep and utilize these and other resource materials.

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Policy ID 7001 (PFCE) Parent Involvement in Child Education, Development and Literacy

Related Regulations:	<i>1304.21; 1304.21 a 2 iii; 1304.40 d; 1304.40 e; 1304.40 e 1-4; 1304.40 e 4 i-ii; 1304.40 e 5; 1304.40 i</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Distribution at Orientation; Ongoing upon new enrollment		
Evaluation:	Parents receive Parent Orientation Packets		
Forms:			
Former Policies:	FP10 Family Literacy		

Performance Objective: The program provides opportunities to include parents in the development of the program’s curriculum and approach to child development and education.

1.0 Parent Involvement in Child Development and Education

- 1.1 The program, when operating Home School program options, builds upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.
- 1.2 The program provides opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with their Parent and Community Partnership Coordinator and Classroom Teacher.
- 1.3 The program provides, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:
 - a) Increasing family access to materials, services, and activities essential to family literacy development
 - b) Assisting parents as adult learners to recognize and address their own literacy goals.
- 1.4 Parent and Community Partnership Coordinator and Classroom Teachers provide resources, materials, and services to families that address the four major activities defining family literacy in Head Start:
 - a) Parent and child interactive literacy activities
 - b) Training for parents as the primary teachers of their children
 - c) Parent training that leads to economic/financial self-sufficiency
 - d) Age-appropriate education for children that prepares them for success in school and life.
- 1.5 In addition to the two home visits, Teachers in center-based programs conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program.

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Policy ID 7002 (PFCE) Parent Involvement in Health, Nutrition, and Mental Health Education

Related Regulations:	<i>1304.24; 1304.40 f 1; 1304.40 f 2 i-iii; 1304.40 f 3 i-ii; 1304.40 f 4; 1304.40 f 4 i-iii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Training Sign-In sheets; <i>Progress Notes</i>		
Forms:			
Former Policies:	FP06 Parent Involvement in Health Nutrition and Mental Health Education		

Performance Objective: Each program provides medical, dental, nutrition, and mental health education resources for all staff, parents, and families.

1.0 Parent Involvement in Health, Nutrition, and Mental Health Education

1.1 Each program ensures that, at a minimum, the medical and dental health education resources:

- a) Assist parents in understanding how to enroll and participate in a system of ongoing family health care.
 - i) Such assistance includes but is not limited to staff-parent discussions about family options for obtaining health insurance or low-cost medical care if the family is ineligible for Medicaid.
 - ii) Such assistance includes but is not limited to providing to families the names and addresses of medical practices, clinics, or other health care organizations.
- b) Encourage parents to become active partners in their children’s medical and dental health care process and to accompany their child to medical and dental examinations and appointments.
- c) Provide parents with the opportunity to learn the principles of preventive medical and dental health, emergency First Aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home.
- d) In addition to general information topics (e.g. maternal and child health and the prevention of Sudden Infant Death Syndrome (SIDS)), information specific to the health needs of individual children is also made available to the extent possible.

1.2 The program ensures that the nutrition education program includes, at a minimum:

- a) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets.
- b) Parent discussions with staff about the nutritional status of their child.

1.3 The Health and Disabilities Coordinator ensures that mental health education is provided, which includes at a minimum:

- a) A variety of group opportunities for parents and Classroom Teachers to identify and discuss issues related to child mental health.
- b) Individual opportunities for parents to discuss mental health issues related to their child and family with their Mental Health Consultant and Classroom Teacher.
- c) The active involvement of parents in planning and implementing any mental health interventions for their children.

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Policy ID 7003 (PFCE) Parent Involvement in Community Advocacy

Related Regulations:	<i>1304.40 g; 1304.40 g 1; 1304.40 g 1 i-ii; 1304.40 g 2; 1304.41 a 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Comprehensive Resource Directory		
Forms:			
Former Policies:	FP07 Parent involvement in Community Advocacy		

Performance Objective: The program supports and encourages parent involvement in community advocacy.

1.0 The Role of Advocacy

- 1.1 Head Start/Early Head Start programs assist low-income families in linking them with local resources and community services to meet the needs identified on the *Family Partnership Agreement Form* and other assessment instruments.
- 1.2 Head Start/Early Head Start Program staff act as advocates in the process of working with or on behalf of families to obtain services and resources that would not otherwise be provided and to resolve issues for families in need.
- 1.3 Head Start/Early Head Start Programs act as the spokespeople for low-income to moderate-income families to various local agencies and social service organizations regarding needs and goals to assist them toward self-sufficiency.
- 1.4 The Policy Council serves as alternate advocate resources for parent-related issues.
- 1.5 Parents are assisted by Head Start Programs in working with neighborhood and community groups to call attention to the inadequacies of services for low-income families.

2.0 Parent Involvement in Community Advocacy

- 2.1 The program supports and encourages parents to influence the character and goals of community services in order to make them more responsive to their interests and needs.
- 2.2 The program provides families with comprehensive information about community resources, such as:
 - a) Health care providers, clinics, physicians, dentists and other health professionals
 - b) Mental health providers
 - c) Nutrition service providers
 - d) Individuals and agencies that provide services to children with disabilities and their families
 - e) Family preservation and support services
 - f) Child protective services and any other agency to which child abuse must be reported under State law
 - g) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families

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h) Any other organizations or businesses that may provide support and resources to families.

2.3 The program provides parents with opportunities to work together and with other community members, such as with:

a) Parent Committees (program level and Grantee level)

b Policy Council)

c) Program-sponsored parent/community activities

2.4 In addition, the program's services and resources include assistance or referral for community leadership opportunities, and/or for developing their leadership capacities.

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Policy ID 7004 (PFCE) Parent Involvement in Transition Activities

Related Regulations:	<i>1304.40 h; 1304.40 h 1-4; 1304.40 h 3 i-ii; 1304.41 c</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Completed Transition plan in child's file		
Forms:			
Former Policies:	FP08 Parent Involvement in Transition Activities		

Performance Objective: The program assists parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, from EHS to HS, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, a child care setting, or other placement.

1.0 Parent Involvement in Transition Activities

1.1 The Parent and Community Partnership Coordinator, Health and Disabilities Coordinator and Classroom Teachers work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum:

- a) Staff assist parents with involvement in their child's transition process.
- b) A staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.
- c) See [Policy ID 4012 \(EECD\) Transition Plan](#).

1.2 To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school (or other placement), The Parent and Community Partnership Coordinator, Health and Disabilities Coordinator and Classroom Teachers

- a) Provide education and training to parents, in the parents' preferred language, to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting.
- b) Assist parents to communicate with Teachers and other school personnel so that parents can participate in decisions related to their children's education.
- c) Follow-up with parents and organizations as appropriate to determine whether resources or referrals are meeting the families' needs.

1.3 See also [Policy ID 7102 \(PFCE\) Community Partnerships and Transition](#).

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Policy ID 7005 (PFCE) Parent Involvement in Home Visits

Related Regulations:	<i>1304.40 i; 1304.40 i 1-6; 1306.32 b 8; 1306.33; 1306.33 a 1</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/17/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Signed Home Visit Forms		
Forms:			
Former Policies:	FP09 Parent Involvement in Home Visits		

Performance Objective: The program encourages parents to be actively involved in home visits.

1.0 Parent Involvement in Home Visits

- 1.1 The program does not require that parents permit home visits as a condition of the child’s participation in Early Head Start or Head Start center-based program options. Every effort is made to explain the advantages of home visits to the parents.
- 1.2 The child’s Classroom Teacher in center-based programs makes no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 1306.32 b 8.
 - a) Other staff working with the family make or join home visits, as appropriate.
- 1.3 See Policy # 4006 Center-based Home Visits
- 1.4 The PCPC offers at least two home visits at times that are mutually convenient for the parents or primary caregivers and staff.
- 1.5 In cases where parents whose children are enrolled in the center-based program option ask for the home visits to be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy.

2.0 Home Visit Record-keeping

- 2.1 The staff person conducting the home visits keeps records of home visits in the child’s file, and enters the information into the electronic data system.

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Policy ID 7007 (PFCE) Parent Involvement – Parent Activity Fund

Related Regulations:	<i>1304.50 d 2 iii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager; Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Center Committee Minutes; Documentation of parent activity and funds		
Forms:			
Former Policies:			

Performance Objective: The Grantee sets aside parent activity funds for each site, based on funded enrollment for the purposes of providing opportunities and experiences in planning, developing, and implementing parent-initiated projects.

1.0 Parent Activity Fund

1.1 The PCPC works with Program Management to process parent activity funds.

- a) Each program includes a budget line item for use as parent activity funds.
- b) The Program Manager approves the parent activity request and submits the for payment in the usual manner.

1.2 The Kids Count Committee and Policy Council make recommendations on how Parent Activity funds are used.

- a) The meeting minutes documentation that parents voted and came to a consensus on how the Parent Activity Funds would be spent.

1.3 Parent activity funds are not used on entertainment.

- a) Expenditures for project-related purposes are allowable, even though entertainment may play an incidental part in the activity.

1.5 Parent activity funds cannot be used to provide equipment or supplies for the classroom, or for purchasing gifts for Head Start/Early Head Start Employees.

1.6 Unused parent activity funds cannot carry over to the next program year; they are returned to the Grantee for re-allocation.

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Policy ID 7008 (PFCE) Parent Involvement - Accessing Community Services and Resources

Related Regulations:	<i>1304.40 b 1 i-ii, 1304.41 a 1-2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Announcements, Meeting Minutes		
Forms:			
Former Policies	CP01 Community Partnerships		

Performance Objective: Each program ensures that activities are established so that parents can understand first hand what resources and services are available in the community.

1.0 Accessing Community Services and Resources

- 1.1 The PCPC shares community resources information with parents through Kids Count meetings, home visits, and all other means including Helpline (211) and other websites and via the Parent Handbook resources list.
- 1.2 The program provides training on community resources to staff and parents during orientation and as needed throughout the program year.
- 1.3 Program PCPC invites community members to speak at parent meetings.
- 1.4 The PCPC encourages parents to join community neighborhood councils by discussing the opportunities and providing meeting schedules and names of contact persons.
- 1.5 Parent meetings provide opportunities for parents to share community news.
- 1.6 Program PCPC invites community members into Head Start/Early Head Start through Parent Committees, Parent Policy Committees, and Policy Council meetings.
- 1.7 See Policy # 62000 Family Support Services for Health Nutrition and Mental Health.

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Policy ID 7009 (PFCE) Parent Involvement - Parent Interest Questionnaire

Related Regulations:	<i>1304.40 d 1</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Upon Enrollment; Compilation due by October 15 of each year		
Evaluation:	Compiled results determine activities such as, but not limited to, trainings and workshops		
Forms:			
Former Policies:	Parent Satisfaction Survey		

Performance Objective: Part of the program provision of parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group, includes using the results of the Parent Interest Questionnaire to help staff prepare workshops and presentations that benefits the parents during the year.

1.0 Parent Involvement - Parent Interest Questionnaire

- 1.1 The program asks parents to complete the *Parent Interest Questionnaire Form* at enrollment and when completing the Parent Satisfaction Survey in the spring.
- 1.2 The PCPC compiles the *Parent Interest Questionnaire Form* responses
- 1.3 The PCPC presents the findings to the Parent Committee during its meeting.
- 1.5 The Parent Committee votes on the services, activities, or training that they would like to have at their center for the year.
- 1.6 The program uses the data from the *Parent Interest Questionnaire* compilation to establish training and assist with the development of parent engagement activities.

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Policy ID 7010 (PFCE) Parent Involvement – Documentation of Distributed Information

Related Regulations:	<i>1304.40; 1304.51 g</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Parent Center Committee Notebook; Policy Committee Notebooks		
Forms:			
Former Policies:			

Performance Objective: The program maintains efficient and effective record-keeping systems to provide accurate and timely information regarding parent participation in Head Start/Early Head Start.

1.0 Documentation of Distributed Information

- 1.1 When written information is provided to Parents, the PCPC, Program Assistant and Classroom Teachers use the data base *Communication Notes* to document the information being distributed.
- 1.2 When necessary, the Administrative Assistant or staff distributing the information ask parents to sign to indicate receipt of information.
- 1.3 The Administrative Assistant file the signed receipts
- 1.4 Copies of flyers, newsletters, bulletins, etc. are kept by the staff member sending the information. This information is electronically stored at the end of the school year. (DocStar).

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Policy ID 7011 (PFCE) Parent Involvement - Parent Meeting/Parent Event Sign-In Sheet

Related Regulations:	<i>1304.51 g</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Parent Meeting Sign-In Sheet attached to activity documentation		
Forms:			
Former Policies:			

Performance Objective: Each program documents parent attendance at parent meetings, workshops, or other Head Start/Early Head Start Program meetings by having them sign the *Meeting/Event Sign-In Sheet* in addition to the *Volunteer Service Report Form* (if applicable).

1.0 Parent Meeting Sign-In Roster

1.1 Staff use the *Meeting/Event Sign-In Sheet* to document parents' attendance at Head Start/Early Head Start meetings.

a) The individual responsible for conducting the meeting completes the top portion of the *Form* and ensures that attending parents sign-in.

1.2 The person conducting the meeting collects the *Meeting Sign-In Sheet* at the end of the meeting, checks them for accuracy (number of parents, time of meeting), and forwards the original along with a copy along with meeting minutes to the PCPC Coordinator.

1.3 The PCPC maintains the *Meeting Sign-In Sheet(s)* as part of the permanent record, and submits for electronic storage at the end of the school year (DocStar).

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Policy ID 7012 (PFCE) Parent Involvement – Parent Bulletin Boards

Related Regulations:	<i>1304.51 b</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	Bulletin board is up-to-date, accessible, attractive, and displays information specific to parent interest		
Forms:			
Former Policies:	MG06 Communications – General; PCPC job description		

Performance Objective: Part of the program’s communication system with parents includes the provision of a bulletin board at each site to keep parents informed about community and classroom activities.

1.0 Parent Involvement – Parent Bulletin Boards

- 1.1 Classroom Teaching staff and program Family Services staff use the parent bulletin board to display information specific to parents’ interest.
- 1.2 Classroom Teaching staff and program Family Services staff maintain an accessible, visually attractive, and noticeable parent bulletin board at the site.
 - a) Examples of information displayed on the bulletin board include: upcoming classroom events, parent meetings, employment announcements, and health and safety information.
- 1.3 Each week the PCPC reviews the parent bulletin board and updates the information by:
 - a) Removing employment announcements after the application deadline
 - b) Removing classroom activities and parent meeting notices after the activity occurs
 - c) Changing health and safety information (“Health Tips” and “Newsletters”) weekly or monthly, depending on the periodicity of the publication
 - d) Posting new or revised information.

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Policy ID 70002 (FCE) Male Involvement

Related Regulations:	1302.50 b 1		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	See below		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	At registration and throughout program year		
Evaluation:	Active male participation in the sites		
Forms:			
Former Policies:			

Performance Objective: The program welcomes and encourages male relatives and/or male friends of enrolled Head Start/Early Head Start children to participate in the program.

1.0 Male Involvement

- 1.1 With the permission of the parent or legal guardian, the PCPC contacts the male relatives of enrolled children to communicate opportunities for program participation.
- 1.3 The PCPC track the referrals and all progress information in the Family Service Section of the electronic record-keeping system.

2.0 "Dads Head Start" Kaysha you need to decide about this

2.1 The program provides enrolled families with information regarding "Dads Head Start" activities and information.

a) "Dads Head Start" is a 16 dosage hour, 8-week fatherhood curriculum training.

2.2 Family Service Workers or Home School Educators and/or Classroom Teachers ask fathers to complete the <Form:Dads Head Start Registration Form> at the time of enrollment and/or throughout the program year.

a) Upon receipt, the <JobTitle:Family Service Worker> files the original <Form:Dads Head Start Registration Form> and forward a copy to the <JobTitle:Fatherhood/Male Engagement Coordinator>.

b) The <JobTitle:Fatherhood/Male Engagement Coordinator> contacts the father who completed the form to verify male involvement interest/participation.

c) The <JobTitle:Fatherhood/Male Engagement Coordinator> files the copy of the <Form:Dads Head Start Registration Form> in the Dads Head Start binder.

2.3 The <JobTitle:Fatherhood/Male Engagement Coordinator> contact the registered fathers with information regarding the fatherhood curriculum training.

2.4 The <JobTitle:Fatherhood/Male Engagement Coordinator> works with <JobTitle:Family Services staff> to track the referrals and all progress information in the Family Service Section in the electronic record-keeping system.

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Policy ID 70040 (FCE) Family Partnership Building

Related Regulations:	1302.50 b 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Process begins as soon after enrollment as possible		
Evaluation:	Signed Family Partnership Agreement		
Forms:			
Former Policies:	FP01 Assessment and Goal Setting		

Performance Objective: The program collaborates with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability.

1.0 Building Relationships with Families

- 1.1 As part of the process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports, the program offers parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.
- 1.2 Meetings and interactions with families are respectful of each family’s linguistic diversity and cultural and ethnic background.
 - a) Materials are translated as needed to the parents’ preferred language.
 - b) Activities are planned at convenient times during the day and week to encourage as many parents as possible to participate.
 - c) The program provides alternative work schedules to allow staff to interact with working families during weekend events (such as picnics, religious and Tribal ceremonies, other cultural events) as necessary.
 - d) The program takes into consideration the needs of family members with children with disabilities, including assistance with planning meetings and activities.
- 1.3 The Family Partnership Agreement (FPA) process is initiated as early after enrollment as possible and it takes into consideration each family’s readiness and willingness to participate in the process.
- 1.4 The Parent and Community Partnership Coordinator (PCPC) explains the purpose of the Family Partnership Agreement, which includes family partnership building and goal setting through community services and resources, services to pregnant women, and parent involvement across all areas of Head Start – including child development and education, health, nutrition, mental health education, community advocacy, transition practices, home visits, and group socialization activities.
- 1.5 The PCPC works with parents to develop and complete an individualized *Family Partnership Agreement Form*, with:
 - a) Goal setting, in which the family identifies family goals, action steps, persons responsible, and time frame.

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b) Program staff utilizing the Needs Assessment section of the *Family Partnership Agreement Form* and *Parent Interest Questionnaire Form* to identify parents needs and interests as resources to identify potential goals.

1.6 The program requests that the Family Partnership Agreement be completed by each family even if they do not want to set a goal.

a) The PCPC documents and follows-up monthly with such families to inform them of parent meetings, program events, training opportunities, child development, and their work with families to help them identify goals.

1.7 The *Family Partnership Agreement Form* is completed when the parent and staff review and sign and date the Form.

1.8 The PCPC enters the family goals and follow up in the electronic data base and stores the completed *Family Partnership Agreement Form* in the child's file.

2.0 Follow-up

2.1 The PCPC maintains and updates the *Partnership Update Notes* throughout the family's enrollment in Head Start/Early Head Start.

a) Program staff continue to follow-up with the family at least quarterly or more often if needed to check progress on identified goals.

2.2 The PCPC reviews, updates, signs and dates the *Family Partnership Agreement Forms* with the parents for each program year in which their child participates.

3.0 Pre-existing Family Plan

3.1 As early in the relationship as feasible, the PCPC asks the parent/guardian if there is a pre-existing family plan.

a) If there is a pre-existing family plan, the PCPC requests a copy from the third party agency.

i) The PCPC complete the *Release of Confidential Information Form*, and ask the parent/guardian to sign and date the *Form*.

A) The PCPC mail the *Release of Confidential Information Form* to the appropriate third party.

ii) To reduce burden on parents and to avoid duplication of effort, or conflict with any pre-existing family plans developed between other programs and the Head Start/Early Head Start family, the Family Partnership Agreement takes into account, and builds upon as appropriate, information obtained from the family and other community agencies concerning pre-existing family plans. The program coordinates, to the extent possible, with families and other agencies to support the accomplishment of goals in the pre-existing plans.

b) If it is determined that there is no pre-existing family plan, the PCPC follows the Family Partnership Agreement process.

4.0 Related Policy

4.1 See also [Policy ID 70041 \(FCE\) Family Partnership Services](#).

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Policy ID 70041 (FCE) Family Partnership Services

Related Regulations:	1302.52		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/19/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	FP01 Assessment and Goal Setting		

Performance Objective: The program implements a family partnership process that includes a family partnership agreement and the activities described 1302.52 to support family well-being, including family safety, health, and economic stability, to support child learning and development, to provide, if applicable, services and supports for children with disabilities, and to foster parental confidence and skills that promote the early learning and development of their children.

1.0 Family Partnership Services

- 1.1 The family partnership process is initiated as early in the program year as possible and continues for as long as the family participates in the program, based on parent interest and need.
- 1.2 The program implements intake and family assessment procedures to identify family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.
- 1.3 The program offers individualized family partnership services that:
 - a) Collaborate with families to identify interests, needs, and aspirations related to the family engagement outcomes described above (1302.52 b);
 - b) Help families achieve identified individualized family engagement outcomes;
 - c) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary, and;
 - d) Assign staff (PCPC) and resources based on the urgency and intensity of identified family needs and goals.
- 1.4 The program takes into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, in order to avoid duplication of effort.
- 1.5 See also [Policy ID 70040 \(FCE\) Family Partnership Building](#).

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Policy ID 70042 (FCE) Family Rights and Responsibilities

Related Regulations:	1302.50 b 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	Need to update form in enrollment packet		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	During the registration and enrollment process		
Evaluation:	Signed <i>Family Rights and Responsibilities Form</i> in each child's file		
Forms:			
Former Policies:	Parent's Rights statement in enrollment packet		

Performance Objective: As part of the family partnership building process, the program provides all enrolled Head Start and Early Head Start families with a *Family Rights and Responsibilities Form* to be read and signed by the parents.

1.0 Family Rights and Responsibilities

- 1.1 The *Family Rights and Responsibilities Form* describes parent rights regarding confidentiality of records; their responsibilities regarding late drop off/pick up of their child; and their rights and the program's responsibility as mandated reporters regarding suspected child abuse.
- 1.2 Program PCPC or other ERSEA staff reviews the *Family Rights and Responsibilities Form* with the parent at the registration interview or parent orientation.
 - a) Program PCPC or other ERSEA staff ask the parent to initial either Yes or No for each item in the Consent Section.
 - b) Program PCPC or other ERSEA staff ask parents to write the name, address, phone number, and relationship if giving consent for someone else to pick up his or her child in his or her absence.
 - c) Program PCPC or other ERSEA staff ask the parent to sign and date the completed Form.
- 1.3 The signed *Family Rights and Responsibilities Form* documents families' consent for specific program services and ensures that they have been informed of their rights and responsibilities.
- 1.4 Program PCPC or other ERSEA Staff give a copy of the signed Form to the parent.
- 1.5 Program PCPC review and update the *Family Rights and Responsibilities Form* with the parents as needed for each program year in which their child participates.

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Policy ID 70043 (FCE) Parent/Guardian Permission to Release Confidential Information

Related Regulations:	1302.50 b 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	As need arises		
Evaluation:	Signed <i>Parent/Guardian Permission to Release Confidential Information Form</i> is documented permission to reveal confidential information to other agencies or persons; Confidentiality of records is maintained		
Forms:			
Former Policies:	HR08 Child and Family Confidentiality		

Performance Objective: The program maintains confidentiality in accordance with Tribal, State, and Federal requirements.

1.0 Family Partnership Building – Parent/Guardian Permission to Release Confidential Information

1.1 One of the following staff - Mentor Teacher, Health and Disabilities Coordinator, PCPC and Program Manager - determines if there is a need for a child’s information to be shared with a third party.

- a) If so, staff prepare the *Parent/Guardian Permission to Release Confidential Information Form*.
- b) Staff ask parents/legal guardians to sign the *Parent/Guardian Permission to Release Confidential Information Form* to allow permission for their child’s pertinent information to be made available to specific agencies or persons in order to give the child the best available professional help.
- c) Parent/guardian signature indicates permission for the release of information to a designated third party.
- d) Program staff signature verifies that this *Form* was explained to the parent/guardian.

1.2 Program staff mails or emails the original signed *Parent/Guardian Permission to Release Confidential Information Form* to the identified third party.

1.3 Program staff retains a copy of the form in child’s file.

2.0 Refusal to Given Consent

2.1 Parents/guardians have the right to refuse release of their child’s information to another party.

- a) Such refusal means the program cannot release the child’s information to the third party.

2.2 Staff document such refusal and keep the record in the child’s or participant’s file.

3.0 Redding Rancheria Procedures

PROCEDURE: In compliance with HIPAA regulations and the Redding Rancheria Head Start & Child Care Programs, we will ensure that our Program, it's Directors, Program Manager, Coordinators, Teachers, Assistants and staff, will have the necessary safeguards in place to protect the confidentiality of the child's file and records.

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- All Head Start and Child Care staff will participate in Privacy training that will be documented and maintained in the staff member's file.
- All Head Start and Child Care staff will recognize that the children have a right to privacy and respect the child's dignity. We will make every effort to limit the use and disclosure of protected information within the department. We will identify what is the minimum necessary information required for each staff member to perform his or her jobs.
- The child's file will not be made available to anyone not directly concerned with their care without written authorization of the responsible family member, except as permitted or required by state, federal and HIPAA laws. Child and family files, records, etc. are considered property of the school and shall never leave the facility. Parents may view and or copy their child's file at any time, but may not remove the file.
- Discretion will be exercised when information is discussed in proximity to public areas or talking on the phone where conversations might be overheard by non-authorized individuals.
- Computer screens should be either turned away from unauthorized viewing or logged-off when there is a potential for unauthorized viewing.
- Incidental disclosures will be confined to the Head Start / Child Care Department and every effort will be made to limit such disclosures.
- Sensitive paperwork shall be kept out of sight from non-authorized individuals in order to protect the child's confidentiality and privacy.
- We will achieve and maintain a standard of Privacy that meets or surpasses that which is required by HIPAA regulations.

SUBJECT: SENDING AND RECEIVING INFORMATION
BY ELECTRONIC TRANSMISSION

PROCEDURE: It is our Procedure to establish appropriate safeguards for the electronic transmission of information from the Head Start and Child Care Department, which will protect the confidentiality of this information in accordance with the HIPAA Privacy Rule.

PROCEDURE: The following procedures will ensure that information sent or received by Head Start or Child Care staff will be handled in a manner that protects against unauthorized use or disclosure.

A fax cover page shall be used for all fax transmittals. The following confidentiality statement with your office telephone number will be added to fax cover pages currently in use:

The information contained in this fax may be privileged and confidential and protected from disclosure. If the reader of this fax is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this fax is strictly prohibited. If you have received this fax in error, please notify the sender immediately at (530) 225-8925 and destroy this fax. Thank You.

- Fax cover pages must include the appropriate Head Start and Child Care Identification, date, and number of pages (including cover), receiver and sender's name and fax numbers.
- The fax machine shall be located in an area that is not available to the public and where it can be monitored by the Head Start and Child Care staff.
- Transmission of information should be limited to the minimum amount necessary to accomplish the need or intended purpose.
- No highly sensitive information such as HIV testing, diagnosis or treatment , psychotherapy notes, etc. shall be transmitted via Fax.

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- Confirm the FAX number prior to sending by checking the number printed on the display screen.
- Confirm the success of transmission by checking the Fax report.
- If the sender is aware that the Fax has been erroneously transmitted to the wrong number, the sender should immediately contact the recipient and request that the Fax be destroyed.
- Speed dial Fax numbers shall be checked yearly for accuracy or changes.

SUBJECT: "MINIMUM NECESSARY" STANDARD

PROCEDURE: In accordance with the HIPAA Privacy Rule, we will make every reasonable effort to limit the use and disclosure of protected information and access to only that which is necessary to accomplish the purpose of the job.

PROCEDURE: Administrative, physical and technical safeguards outlining the application of the Minimum Necessary Standard are as follows:

- All Head Start and Child Care staff will participate in Privacy training that will include the Minimum Necessary Standard. Documentation of training will be maintained in the staff member's file.
- Requests for disclosure of health information or any information maintained in the child's file will be limited to only that which is necessary to accomplish the purpose.
- Authorized staff members will be defined and identified according to their job description and the access that is required to accomplish their job. Only access, which is required, will be authorized.
- Financial records, Emergency forms, Central files and Computer databases will only be accessed by those individuals identified by the Head Start and Child Care Program Manager, as outlined in the attached chart.
- Computer software programs will be identified and utilized on an individual basis by password only.
- Staff accessing the Medicine cabinet will be limited to only those identified by the Head Start and Child Care Program Manager. Keys to the Medicine cabinet will be limited to the least amount that is necessary to maintain reasonable access. Keys will be accounted for at the end of each working day.
- Messages may be left on answering machines or voicemails unless a request is in place for an alternate communication source. Information left shall be considered "personal" and be limited in nature. Request for a call back will be utilized in place of a message whenever feasible.
- Sign in sheets or logs will be limited to the child's name, date, time, etc. but will not include any demographic information.

HIPPA Access	Chart					
Title	Emergency Form	Child File	Computer Database	Support Plans	Family Financial	Medicine Cabinet
Program Manager	x	x	x	x	x	x
Child Care Coord.	x	x	x	x	x	x
Health/DBL Coord.	x	x	x	x	0	x
Teachers	x	x	x	x	0	x
Assistants	x	x	x	x	0	x
Cook/Kitchen	x	0	0	x	0	0
Bus Drivers	x	0	0	x	0	0
Consultants	0	0	0	X	0	0

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Policy ID 70044 (FCE) Parent Involvement – Volunteers

Related Regulations:	1302.50 b 4		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	Need to confirm TB, Background Checks and IZ requirements for volunteers		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Throughout the year		
Evaluation:	Parents actively volunteer un the program activities		
Forms:			
Former Policies:	HR09 Youth Volunteers		

Performance Objective: The program provides parents with opportunities to participate in the program as volunteers.

1.0 Recruitment of Volunteers

- 1.1 The Head Start program has a volunteer recruitment and usage plan in place which is reviewed annually by the Head Start Program Manager.
- 1.2 The Program actively seeks to recruit and maintain active volunteers.
- 1.3 Each Staff working with volunteers submits to the *In-Kind Form* each month which includes the volunteer non-Federal share. In Kind forms are submitted to and tracked by the Administrative Assistant.

2.0 Volunteer Process

- 2.1 Program PCPC distribute volunteer applications at orientation, at events or hand out or mail them to parents or other interested parties expressing an interest in volunteering.
- 2.2 When interested parties call about volunteer opportunities, the PCPC, and/or Classroom Teaching staff forward the information to the Program Manager.
 - a) The Program Manager informs the interested party of TB screening, current physical, and background check requirements.
 - b) The Program Manager schedules an interview to meet with the potential volunteer to complete the process .
- 2.3 Before the parent/interested party can volunteer for Head Start or Early Head Start, the program:
 - a) Performs a background check.
 - b) Requires screening for tuberculosis in accordance with tribal and/or local law.
 - c) Requires documentation of current physical completed within the last 12 months.
- 2.4 Human Resources staff verify that the interested party has passed the requirements.
 - a) Human Resources staff notify the individual of approval or disapproval.

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3.0 Volunteer Service Report

- 3.1 When the parents volunteer in the classroom or at Head Start/Early Head Start sponsored events, the program requests that parents complete the In-Kind *Volunteer Service Report Form*.
 - a) The Administrative Assistant enters data into the electronic record-keeping system.
 - b) The Administrative Assistant keeps the completed forms for the fiscal year (Jan- Dec) and Doc Stars at the end of the fiscal year.
- 3.2 The Administrative Assistant submits monthly totals it to the Finance Department for processing and auditing.
- 3.3 During Head Start/Early Head Start parent orientation, Head Start staff explain how volunteering is important to the children and the program.
- 3.4 Program manager provide orientation to all volunteers.
- 3.5 Program manager or designees give a copy of the *Volunteer Guidelines* and classroom rules and regulations to each volunteer.
- 3.6 Program Management provide orientation and training for volunteers. This training includes, but is not limited to, the following:
 - a) Orientation to Head Start
 - b) Confidentiality of records
 - c) Communication between staff, parents, and children
 - d) Dress code
 - e) Standards of Conduct
- 3.7 All volunteers are treated with respect.
- 3.8 Redding Rancheria Youth Volunteers
 - a) Youth must be at least 14 years of age, and complete the Youth Volunteer Application and Agreement, including parental permission.
 - b) The Youth must also submit at least two character references (one from the youth's school)
 - c) The Youth must be interviewed by the Head Start and Child Care Program Manager and the Redding Rancheria Education Director.
 - d) If accepted, the Youth Volunteer must:
 - i) Complete Youth Volunteer Program Application and Agreement, including parental permission
 - ii) Complete the Volunteer Hold Harmless Agreement, including parental permission;
 - iii) Obtain parental permission for a pre-service Drug and Alcohol Test
 - iv) Pass the Drug and Alcohol test
 - e) The youth will receive monthly feedback on their effectiveness as a volunteer.

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- f) The youth volunteer must be directly supervised at all times and never left alone with children
- g) The youth volunteer may spend no more than 16 hours per week at the program
- h) The youth must receive a thorough orientation on the Redding Rancheria Head Start and Child Care Work Rules and must abide by these rules.
- i) The Volunteer Agreement can be terminated at any time by either party.

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Policy ID 70050 (FCE) Parent Activities to Promote Child Learning and Development

Related Regulations:	1302.51		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC); Classroom Teachers		
Timeline:	Throughout the program year		
Evaluation:			
Forms:			
Former Policies:	Parent Newsletters – Learning Happens Every Day		

Performance Objective: The program promotes shared responsibility with parents for children’s early learning and development, and implements family engagement strategies that are designed to foster parental confidence and skills in promoting children’s learning and development.

1.0 Parent Activities to Promote Child Learning and Development

1.1 The program’s strategies include:

- a) Offering activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development as appropriate;
- b) Providing parents with information about the importance of their child’s regular attendance, and partner with them, as necessary, to promote consistent attendance; and,
- c) For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.

1.2 The program, at a minimum, offers opportunities for parents to participate in a research-based parenting curriculum that builds on parents’ knowledge and offers parents the opportunity to practice parenting skills to promote children’s learning and development.

- a) When the program chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations, it works with an expert or experts to develop such adaptations.

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Policy ID 70051 (FCE) Parent /Volunteer Code of Conduct

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC); Classroom Teachers		
Timeline:	Throughout the program year		
Evaluation:			
Forms:			
Former Policies:	FP11 Parent/Volunteer Code of Conduct		

Performance Objective: It is the Redding Rancheria Head Start and Child Care Head Start policy to ensure the business of the program is conducted according to the highest ethical standards. In support of this policy, a set of ethics and standards of conduct are essential for the Redding Rancheria Head Start and Child Care Head Start to prosper and receive the desired trust and respect of children, families, employees, Redding Rancheria Tribal Council, and the community. The underlying principles of these standards are based on courtesy, moral standards, and the law. These principles will ensure the continued success and growth of the services and programs provided by the Redding Rancheria Head Start and Child Care Head Start. All employees, parents, families and volunteers must abide by the following established standards of conduct, including but not limited to the following:

- 1.0 Respect and promote the unique identities of all children and families, and refrain from stereotyping on the basis of gender, race, ethnicity culture, religion, disability, or sexual orientation.
- 1.2 Follow program confidentiality policies concerning information about children, families, and other employees.
- 1.3 All children and youth must be supervised by qualified staff and not left alone while in the care of the Redding Rancheria Head Start and Child Care.
- 1.5 Positive methods of child guidance shall be utilized. Engaging in corporal punishment, emotional or physical abuse, or humiliation is prohibited. Additionally, methods of discipline that involve isolation without adult supervision, the use of food as punishment or reward, and the denial of basic needs are not to be utilized.
- 1.6 Parents or family members will address misbehaviors of their own children attending a Head Start and Child Care function or classroom in a positive way. No physical or verbal punishment of children is allowed at a Head Start or Child Care function or classroom. This includes, but is not limited to striking your child in any way or cursing at your child at a school function or classroom.
- 1.7 Parents or family members will immediately direct all concerns regarding other children at a school function or classroom to Head Start or Child Care staff. It is never appropriate for a parent or family member to discipline another child at a school function or classroom. It is not the intent of this standard to stop a parent or family member from helping a child who is in immediate danger, but to use common sense in a situation where a child may be at risk of being harmed or who may be harming others.
- 1.8 Parents or family members shall respect each other's privacy as it pertains to social media or other online postings, blogs, tweets or photographs. Parents shall not take or post photographs of children other than their own without parental permission. Parents or family members shall not engage in any social networking that may harm or tarnish the image, reputation and/or good will of the Tribe, any of its employees or customers.
- 1.9 Parents and family members will treat Head Start and Child Care staff members with respect, and follow agency policy regarding disagreements or concerns. It is never appropriate for a parent or family member to threaten, disrespect, or

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confront a staff member in any way, or speak of incidents that occurred at the center in front of others. If the parent or family member has an issue or concern regarding incidents that occurred at school, they should contact their child's teacher after class. If the concern is not resolved, the Program Manager should be involved and the Community Dispute Procedure activated. Confidentiality will be maintained in all discussions involving children, parents, caregivers, volunteers and staff members.

- 1.10 If a parent or family member has a disagreement or problem with another parent or family member at a school function or classroom, that problem will be addressed with respect following program protocol. It is never appropriate for a parent or family member to threaten another parent or family member at a school function or classroom. This will also include inappropriate or negative remarks, body language, visible animosity or eye contact.
- 1.11 When in the presence of children at a school function or classroom, parents and family members will use language appropriate for young children to hear. Cursing or swearing or use of inappropriate language is not allowed. Speaking negatively in front of your child or other children, parents or community members about staff, or other families is inappropriate and impacts the emotional well-being of all involved and negatively impacts the children and program.
- 1.12 When in the presence of children at a school function or classroom, parents and family members are asked to be mindful of their clothing, making sure that body is covered appropriately. Parents and family members may be asked to wear a smock if clothing is too revealing (excessive cleavage top and bottom, or if tattoos are inappropriate for children to see).
- 1.13 Parent and family members will smoke only in designated areas (100 feet distance from the school) when attending a Head Start function or classroom. Our buildings and playground are non-smoking areas, as are all field trips and school activities. If a parent or family member must smoke, staff will advise you of a designated area, away from and out of view of the children.
- 1.14 To ensure the safety and health of all children, all safety rules, including but not limited to the following will be enforced:
 - a) According to California law, all children will be placed in appropriate vehicle restraints at all times.
 - b) Parents who appear to be impaired by drugs or alcohol will not be permitted to pick up their children. Instead staff will assist to find alternative transportation.
 - c) Redding Rancheria staff will not release children to anyone but those listed on the Emergency Contact Form, who must be age 16 and older.
- 1.15 The use of alcoholic beverages or substance abuse is prohibited on premise or at any Redding Rancheria function or classroom. If a parent is under the influence or if there is reasonable suspicion of engaging in said activity, the parent may be asked to leave the event, and the child will not be released to them. The persons designated on the emergency contact form will be called to pick up the child. If no one is available, the appropriate authorities will be contacted.
- 1.16 In the event that a situation places staff, children parents and/or family members at harm, the Redding Rancheria Head Start and Child Care program reserves the right to ask those persons to leave the event or program. In the event that the persons refuse to leave, the appropriate authorities will be called. The Redding Rancheria Head Start and Child Care may also re-evaluate the enrollment status of a family or participation in the program.
- 1.17 Parents are required to sign this standard stating their intention to abide by the above stated Code of Conduct. Failure to adhere to this Code will compromise continued enrollment in the Redding Rancheria Head Start and Child Care program.

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Policy ID 71000 (FCE) Community Partnerships and Coordination with Other ECE Programs

Related Regulations:	1302.53		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:	MOUs; Community Partnership Updates		
Forms:			
Former Policies	CP01 Community Partnerships		

Performance Objective: The program establishes ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children’s and families’ needs and family partnership goals, and community needs and resources, as determined by the community assessment.

1.0 Community Partnerships and Coordination with Other Early Childhood and Education Programs

1.1 The program establishes necessary collaborative relationships and partnerships, with community organizations that may include:

- a) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;
- b) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;
- c) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law;
- d) Educational and cultural institutions, such as libraries and museums, for both children and families;
- e) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings;
- f) Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*);
- g) Family preservation and support services;
- h) Child protective services and any other agency to which child abuse must be reported under State and local law
- i) Local child support enforcement agency
- j) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families

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- k) domestic violence prevention and support providers; and,
- h) Other organizations or businesses that may provide support and resources to families.

- 1.2 The program takes an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in the community through communication, cooperation, and the sharing of information among agencies and community partners, while protecting the privacy of child records in accordance with 1303.20 through 1303.24 and applicable federal, state, local, and tribal laws.
- 1.3 To support coordination between Head Start and publicly funded preschool programs, the program must enter into a memorandum of understanding with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of the program, as described in section 642 e 5 of the Act.

1.4 Collaborative Relationships

- 1.5 The program takes affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs.
- 1.6 The Parent and Community Partnership Coordinator maintains documentation to reflect the level of effort undertaken to establish community partnerships in accordance with regulations, including [1304.51](#). The documentation is evidenced by copies of signed and dated written agreements, informal agreements, correspondence, in-kind, meeting minutes, memorandum of understand with LEA, etc.
- 1.7 The PCPC keeps copies of the community partnership collaborative agreements.
- 1.8 The PCPC and Program Manager reviews the community partnership collaborative agreements at least annually

2.0 Quality Rating and Improvement Systems

- 2.1 The program participates in State or local Quality Rating and Improvement System (QRIS) if:
 - a) The State or local QRIS accepts Head Start monitoring data to document quality indicators included in the state's tiered system;
 - b) Participation would not impact the program's ability to comply with the Head Start Program Performance Standards; and,
 - c) The program has not provided the Office of Head Start with a compelling reason not to comply with this requirement.

3.0 Data Systems

- 3.1 The program should integrate and share relevant data with state education data systems, to the extent practicable, if the program can receive similar support and benefits as other participating early childhood programs.

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Policy ID 7104 (PFCE) Community Resources – Referrals Process

Related Regulations:	<i>1304.40 b 1-2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Parent and Community Partnership Coordinator (PCPC); Health and Disabilities Coordinator		
Timeline:	At point of services within guideline time period		
Evaluation:	Documentation of appropriate referral and follow-up		
Forms:			
Former Policies:	Referral Process		

Performance Objective: The program refers families with special needs or concerns to appropriate agencies so that the child/children and families can have the advantage of the available local resources.

1.0 Collaboration with Parents

1.1 The program works collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family’s interest and goals, including:

- a) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation
- b) Financial planning assistance
- c) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence
- d) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

1.2 In addition, the service and resources include:

- a) Assistance or referral for parents who are or who want to become self-employed
- b) Assistance or referral in enhancing financial literacy or budgeting, including home-buyer assistance.

1.3 The program follows up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families’ expectations and circumstances.

- a) The program also seeks HSAC input on health providers and resources in the community (see [Policy ID \(HS\) 308G Medical/Physical Care Plan.](#))

1.4 When Head Start/Early Head Start families are affected by community wide emergencies or crisis, the program takes an active role in providing assistance by means of information and referral, managing donations, coordinating with other agencies, etc.

2.0 Referral Process

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- 2.2 Program staff (PCPC, Classroom teachers, Health and Disabilities Coordinator) meet with parents to discuss concerns, and documents this on the *Progress Notes*.
- 2.3 Program staff make a referral and/or contacts the referral agency or resource by using the *Participant Referral Form*.
- 2.4 Program staff document the follow-up on the *Update Notes* and in the electronic record-keeping system.
 - a) This follow-up includes determining whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.
 - b) Place a copy of the completed *Participant Referral Form* in the child's file.
 - c) documents the follow-up action taken on the *Progress Notes* in the electronic record-keeping system again to denote final or pending deposition.
- 2.4 PCPC and Health and Disabilities Coordinator document in the electronic data system and include in the PIR report at the end of the school year.
- 2.5 Within 30 days of referral, the PCPC or other referring staff follow up to ensure services were provided and to ascertain the quality of the service rendered.

3.0 Emergency Assistance

- 3.1 In case of emergency assistance or crisis intervention, the program provides immediate intervention such as contacting appropriate agency/agencies; providing transportation assistance; and assisting with childcare needs as needed.

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1302 Subpart F - Additional Services for Children with Disabilities (DS)

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Policy ID 72000 (DS) Additional Services for Children with Disabilities

Related Regulations:	1302.60; 1302.61		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department	Approval Date:	<MM/DD/YYYY>
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Child's file, electronic record-keeping system		
Forms:			
Former Policies:	DS01 Disability Service Plan; ED06 Child Study Team (Legal to review and approve additions in red)		

Performance Objective: The Redding Rancheria Head Start as a **general education setting**, ensures enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities

1.0 The Program Provides Services for Children with Disabilities

- 1.1 The program does not deny placement on the basis of disabilities or its severity to any child when:
- a) The parent(s) wish to enroll the child;
 - b) The child meets the Head Start age and income eligibility criteria;
 - c) Head Start is an appropriate placement according to the child's Individual Education Plan (IEP) and/or Individual Family Service Plan (IFSP);
 - d) The program has space to enroll more children, even though the program has made ten percent of its enrollment opportunities available to children with disabilities. In that case children who have a disability and non-disabled children would compete for the available enrollment opportunities.
- 1.2 This organization is prohibited from discriminating on the basis of based on race, color, national origin, sex, religious creed, disability, age, political beliefs.

2.0 Additional Services for Children with Disabilities

- 2.1 The program ensures the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services **as appropriate**.
- a) The program provides any necessary **and reasonable** modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities.
 - b) The program ensures all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), and their implementing regulations.

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3.0 Services During IDEA Eligibility Determination

3.1 While the local agency responsible for implementing IDEA determines a child's eligibility, the program provides individualized services and supports, to the maximum extent **reasonable and** possible, to meet the child's needs.

a) Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705(9)(b) of the Rehabilitation Act.

b) When such supports are not available through alternate means, pending the evaluation results and eligibility determination, the program individualizes program services **to the extent possible** based on available information such as parent input and child observation and assessment data and may use program funds for these purposes. (See [Policy ID 75003 \(DS\) Individualization of the Program.](#))

4.0 Additional Services for Children with an IFSP or IEP

4.1 To ensure the individual needs of children eligible for services under IDEA are met, the program:

a) Works closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:

- i) Services for a child with disabilities are planned and delivered as required by their IFSP or IEP, as appropriate;
- ii) Children are working towards the goals in their IFSP or IEP;
- iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;
- iv) IFSPs and IEPs are reviewed and revised, as required by IDEA; and,
- v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent **reasonable and** possible.

b) Plans and implements the transition services described in 1302.70-1302.72, including at a minimum:

- i) For children with an IFSP who are transitioning out of Early Head Start, collaborates with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,
- ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborates with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

5.0 Related Policies

5.1 See also:

- a) [Policy ID 75004 \(DS\) Transition for Children with Disabilities](#),
- b) [Policy ID 75005 \(DS\) Individualized Family Service Plan \(IFSP\)](#),
- c) [Policy ID 75006 \(DS\) IEP Overview and LEA Referral](#),
- d) [Policy ID 75007 \(DS\) LEA Referral Follow-Up](#), and
- e) [Policy ID 75009 \(DS\) Part C Provider Referral, Follow-Up, and Transition](#).

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f) Policy ID 61002

a) When all these efforts fail, and the action or physical or behavior or condition continues, the child shall be suspended and or terminated from the program, and alternative more appropriate placement recommended. This decision will be based on the information provided by the Child Study Team and the information and recommendation included in the child's assessments and IEP. The decision will be made by the Program Manager and the Education Director.

b) The child will be removed from the classroom setting immediately if the following conditions occur: Lack of/no parent participation, child continues self-abusing behavior and/or child does not respond to guidance techniques used by the teaching staff, or violent behavior poses a threat to the safety of other children, staff or self.

c) The Redding Rancheria recognizes that parental participation and support is required during this process, and without which, the child's continued enrollment could be jeopardized; further, the Redding Rancheria relies on the special education services provided by each child's public school district through the IEP process, and without which, the child's continued enrollment could be jeopardized. The Redding Rancheria cannot accept sole responsibility for meeting every child's special needs.

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Policy ID 75001 (DS) Recruitment and Enrollment of Children with Disabilities

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	ERSEA documentation		
Forms:			
Former Policies:	DS01 Disability Service Plan; EL03 Recruitment of Children; EL04 Selection Process		

Performance Objective: The program’s outreach and recruitment activities incorporate the recruitment of children with disabilities. The recruitment process informs all families of the availability of services.

1.0 Recruitment and Enrollment of Children with Disabilities

- 1.1 The program ensures that staff engaged in recruitment and enrollment of children are knowledgeable about the provision of 45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving of Benefitting from Federal Assistance, and of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101).
- 1.2 The program accesses resources and plans for placement options, such as dual placement, use of resources staff and training so that a child with a disability for who Head Start/Early Head Start is an appropriate placement according to the IEP and/or IFSP is not denied enrollment because of:
 - a) Staff attitudes and/or apprehensions;
 - b) Inaccessibility of facilities;
 - c) Need to access additional resources to serve a specific child;
 - d) Unfamiliarity with disabling condition or special equipment, such as prosthesis; and
 - e) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toilet training.
- 1.3 The same policies governing Head Start/Early Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities.
- 1.4 The program takes the following factors into account when planning enrollment procedures;
 - a) The number of children with disabilities in the Head Start service area including types of disabilities and their severity;
 - b) The services and resources provided by other agencies; and
 - c) State and tribal laws regarding immunization of preschool children. The Grantee observes applicable State and tribal laws which usually require that children entering preschool programs in California complete immunizations prior to entering to reduce the spread of communicable diseases.

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- 1.5 The recruitment effort includes recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.
 - a) These efforts include outreach to other agencies, resulting in referrals and acceptance of children with severe disabilities.
 - b) Recruitment materials state clearly that the program seeks and serves children with disabilities.
 - c) Program enrollment includes at least 10% children with disabilities, unless a waiver is requested and awarded by ACF.

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Policy ID 75002 (DS) Disabilities Service Plan

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Annually		
Evaluation:	Completed Disabilities Service Plan		
Forms:			
Former Policies:	DS01 Disabilities Service Plan (Legal to review and approve additions in red)		

Performance Objective: A disabilities service plan is developed and implemented by the program for each enrolled child with disabilities.

1.0 Disabilities Service Plan

1.1 The program develops a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purpose of the plan are to assure that:

- a) All areas of Head Start/Early Head Start are appropriately involved in the integration of children with disabilities and their parents.
- b) All staff use resources efficiently.
- c) The Mental Health Consultant, Mentor Teacher, Classroom teachers and Health and Disabilities Coordinator work together to provide integrated services.

1.2 The Health and Disabilities Coordinator update the disabilities plan annually to reflect the changing needs for disabilities services in the community.

1.3 The disabilities plan includes provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities, **when reasonable and possible.**

1.4 The program adapts and uses the disabilities service plan as a working document which guides all aspects of the agency's effort to serve children with disabilities. This plan takes into account the needs of children for small group activities, for modifications of large group activities, and for individual special help.

1.5 The program designates a Health and Disabilities Coordinator to assist with services for children.

1.6 The program ensures that all relevant coordinators, other staff and parents are consulted as needed.

1.7 The disabilities service plan contains:

- a) Procedures for timely screening;
- b) Procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child's third birthday;

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- c) Assurance of accessibility of facilities;
 - d) Plans to provide appropriate special furniture, equipment, and materials if needed **and reasonable**;
 - e) Coordination with LEA; and
 - f) How the program works with parents to ensure their involvement.
- 1.8 The plan, when appropriate, address strategies for the transition of children into Head Start from Early Head Start, as well as the transition from Head Start into the next placement. The plan includes preparation of staff and parents for the entry of children with severe disabilities into the Head Start/Early Head Start program.

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Policy ID 75003 (DS) Individualization of the Program

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Evaluation:	Completed IEP or IFSP		
Forms:			
Former Policies:	ED09 Individualization System (Legal to review and approve additions in red)		

Performance Objective: The program uses the information from the screening for developmental sensory, and behavioral concerns, the ongoing observation, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths and needs.

1.0 Individualization of the Program

- 1.1 The Health and Disabilities Coordinator works all involved content area and classroom staff in ongoing assessment and planning of activities for children with disabilities, taking into consideration the child’s special needs.
- 1.2 The development screenings process for children with disabilities is conducted in accordance with the disabilities services plan.
 - a) Information from the development assessment is incorporated into program planning to individualize education activities for children with disabilities.
- 1.3 See also [Policy ID 4015 \(EECD\) Approach to Children with Disabilities](#) and [Policy ID 4003D \(EECD\) Ongoing Assessment for Each Child](#).
- 1.4 To support individualization for children with disabilities, the program assures that:
 - a) Services to infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individual Family Service Plan (IFSP) for children identified under infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by local government.
- 1.5 Enrolled families with infants and toddlers suspected of having disability are promptly referral to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of the State’s program.
 - a) The program supports parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program.
 - b) The Health and Disabilities Coordinator promptly refers a preschool-age child suspected of possibly having a disability to the LEA for further, formal evaluation as soon as the need becomes evident.
 - i) This referral is only made with Parent consent and supporting documentation.
 - ii) The Redding Rancheria recognizes that parental participation and support is required during this process, and without which, the child’s continued enrollment could be jeopardized; further, the Redding Rancheria relies on the special education services provided by each child’s public school district through the IEP process, and without which, the child’s continued enrollment could be jeopardized. The Redding Rancheria cannot accept sole responsibility for meeting every child’s special needs.

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- c) The Health and Disabilities Coordinator follows up with the LEA to ensure that children are promptly and formerly evaluated.
 - d) The Health and Disabilities Coordinator documents all such referrals, follow-ups, and timelines.
 - i) files copies of records and referrals in the child's disability file.
 - ii) documents follow-ups, notes and information pertaining to suspected or confirmed disability in the electronic record-keeping system.
 - e) Before the initial evaluations are conducted, the Health and Disabilities Coordinator works with the LEA to assure that parents are informed and have provided written consent for the evaluations.
 - i) The Health and Disabilities Coordinator ensures that communications with and written consent from parents are in the preferred language of the parents when possible .
- 1.6 Working with parents, the Health and Disabilities Coordinator and Teaching staff participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.
- 1.7 With parents, the Health and Disabilities Coordinator and Teaching staff participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements (see 1302.61).

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Policy ID 75004 (DS) Transition for Children with Disabilities

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Completed IEP		
Forms:			
Former Policies:	CP03 Transition Services		

Performance Objective: The program works with parents to prepare children with disabilities for successful transition to kindergarten (or next placement).

1.0 Transition for Children with Disabilities

- 1.1 The program begins planning early in the program year to assist parents in the transition of children from Head Start to public school or other placement.
- 1.3 Head Start Staff support parents of children with disabilities entering from infant/toddler programs.
- 1.4 Health and Disabilities Coordinator, PCPC and Classroom teachers :
 - a) provide information to parents on how to foster the development of their child with disabilities,
 - b) provides opportunities for parents to observe large group, small group and individual activities described in their child's IEP,
 - c) provide follow-up assistance and activities to reinforce program activities at home,
 - d) refer parents to groups of parents of children with similar disabilities who can provide helpful peer support,
 - e) inform parents of their rights under the Individuals with Disabilities Education Act (IDEA),
 - f) inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and other resources and assist them with initial efforts to access such resources,
 - g) help identify needs caused by the disability and refer parents and siblings to appropriate resources,
 - h) provide information regarding prevention of disabilities among siblings, and
 - i) help build parent confidence, skill and knowledge in accessing resources and advocate to meet the special needs of their children.

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Policy ID 75005 (DS) Individualized Family Service Plan (IFSP)

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Completed IFSP		
Forms:			
Former Policies:			

Performance Objective: For children entering preschool Head Start, with parental consent, the program assists with the development, implementation, and provision of related services of an Individualized Family Service Plan (IFSP) for children with disabilities.

1.0 Individualized Family Service Plan (IFSP)

- 1.1 Parents, Health and Disabilities Specialist, Teaching staff, and PCPC as appropriate meet with the Part C provider to review the child’s evaluation for services.
- 1.2 When the Part C provider determines that an infant or toddler with developmental concerns that may impact learning and cognitive development must have an Individualized Family Service Plan (IFSP) in place.
- 1.3 The Individualized Family Services Plan is a written plan for providing early intervention services to the family under Part C of the Individuals with Disabilities Education Act (IDEA).
 - a) The Part C provider makes the determination if an infant or toddler qualifies for an IFSP, based on developmental concerns that may impact learning and cognitive development.
 - b) The IFSP represents an agreed-upon plan (parent, program, Part C provider) of action to support the achievement of developmental outcomes for the family.
 - c) The IFSP enhances the opportunity for children to successfully participate in the Early Head Start or Head Start experience.
 - d) Teaching staff partner with local providers and take the time to develop trusting relationships with each other to work in the best interest of the children and their families.
- 1.4 Working from the IFSP, Classroom Teaching staff work with the parent/guardian to determine the type of and schedule for service provision and who is responsible for service delivery.
- 1.5 Health and Disabilities Coordinator and Classroom Teaching staff assist families in accessing and using available services and resources to meet the family’s needs.
 - a) Health and Disabilities Coordinator and Teaching staff inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and other sources.

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- 1.6 The Health and Disabilities Coordinator is trained and supported for the role they assume in securing or providing services outlined in the IFSP.
- 1.7 The Health and Disabilities Coordinator enter the IFSP into the electronic record-keeping system under the Disabilities tab.

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Policy ID 75006 (DS) IEP Overview and LEA Referral

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	An IEP must be written and in place no later than 30 days after evaluation determination has found them eligible for special education services.		
Evaluation:	Completed IEP		
Forms:			
Former Policies:	ED06 Child Support Plan (Legal to review additions and approvals in red.)		

Performance Objective: The program assists with the development, implementation, and provision of related services addressing disability and or delay in accordance with the Individualized Education Program (IEP) for children with disabilities.

1.0 Individualized Education Plan (IEP) Overview

- 1.1 The IEP is a written document for a child with disabilities. It is developed by the Local Education Agency (LEA) responsible for providing free appropriate public education to a child who is found eligible to receive specialized education services.
 - a) The IEP represents a collaboration of support services to assist the child in achieving developmental outcomes.
- 1.2 Testing and evaluation procedures are administered in the child’s native language or mode of communication, unless it is clearly not feasible to do so.
- 1.3 Testing and evaluation procedures are administered by trained (State certified or licensed) personnel.

2.0 IEP Process

- 2.1 The LEA multidisciplinary evaluation team makes the determination whether the child meets the eligibility criteria. The LEA multidisciplinary evaluation team assures that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination.
- 2.2 When the LEA develops the IEP, a representative from Head Start participates in the IEP meeting and placement decision for any Head Start child.
- 2.3 When the program refers children to the LEA, the Health and Disabilities Coordinator and/or Teaching staff, along with parents, complete the LEA prescribed packet and all its contents.
 - a) Program Health and Disabilities Coordinator sends the LEA packet to the school district.
- 2.4 IEP documentation includes:
 - a) The child’s present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming,

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- b) The annual goals, including short term objectives for meeting these goals,
 - c) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program.
 - i) This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals,
 - d) The identification of the personnel responsibilities for the planning and supervision of services and for the delivery of services,
 - e) The projected dates for initiation of services and the anticipated duration of services,
 - f) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised, and
 - g) Progress towards family goals and objectives related to the child's disability when they are essential to the child's progress.
- 2.5 When Head Start assists with the development and implementation of the IEP, the team **may** include:
- a) Mental Health Consultant,
 - b) The child's Teacher,
 - c) One or both of the child's parents or guardians, and
 - d) As many as possible of the professional members of the LEA multidisciplinary team which evaluated the child.
- 2.6 With parent permission, the program may invite other individuals who have information to contribute about the nature of the child's disability.
- 2.7 After the program has issued a referral to the LEA, the LEA schedules a multifaceted evaluation (MFE) meeting to determine if the child needs an IEP.
- a) The Health and Disabilities Coordinator works with the LEA to notifying parents of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate.
 - b) The Health and Disabilities Coordinator works with the parents to ensure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's progress.
 - c) When the LEA is unable to provide translation, the program will **make every effort to find a translator.**
 - d) Every effort is made by the program to support parent participation in the meeting.
 - i) The program documents its efforts to secure the parents' participation, through records of phone calls, e-mails, letters in the parents' native language and/or visits to parents' homes or places of work, along with any responses or results.
 - ii) When the LEA has scheduled a meeting that parents have confirmed but did not attend, the LEA could reschedule the meeting or arrange an opportunity to meet with the parents to review the results of the meeting and secure their input and signature.
 - iii) The program works with the LEA in difficult cases to express the importance and need of parent participation in the meetings.

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- 2.8 The program initiates the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services.
- a) If a child enters Head Start with an IEP completed within two months prior to entry, services begin within the first two weeks of program attendance.

3.0 Notification

- 3.1 In cooperation with the child's parents, the LEA notifies the school of the child's planned enrollment prior to the date of enrollment.

4.0 Persistent issues see #61002 Child Mental Health/ Behavior Protocol

- 4.1 If the situation persists, the Redding Rancheria works with the above partners to refer children for more in-depth screening, assessment or other observations; a referral to the child's school district of residence is required to ensure the child's special needs are appropriately addressed through the IEP process.
- 4.2 When all these efforts fail and only as a last resort, and the action or physical or behavior or condition continues, the child shall be suspended and or terminated from the program, and alternative more appropriate placement recommended. This decision will be based on the information provided by the Child Study Team and the information and recommendations included in the child's assessments and IEP. The decision will be made by the Program Manager and the Education Director.
- 4.3 The Redding Rancheria recognizes that parental participation and support is essential during this process, and without which, the child's continued enrollment could be jeopardized.
- 4.4 As a general education setting, the Redding Rancheria relies on the special education services provided by each child's public school district through the IEP process, and without which, the child's continued enrollment could be jeopardized. The Redding Rancheria cannot accept sole responsibility for meeting every child's special needs

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Policy ID 75007 (DS) LEA Referral Follow-Up

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing whenever the need occurs		
Evaluation:	Completed LEA paperwork		
Forms:			
Former Policies:	DS01 Disabilities Service Plan		

Performance Objective: The program follows-up with referrals to the LEA for children who have been suspected of a delay or diagnosed with a disability by a medical professional or indicated through diagnostic tools to the LEA for additional evaluation and services.

1.0 LEA Referral Follow-Up

1.1 The Health and Disabilities Coordinator monitors, tracks and assists programs with the LEA referral process, information and services for children referred from Head Start/Early Head Start.

2.0 LEA Resources

2.1 Based on results of the screenings and further evaluations, the LEA provides parents with a copy of *Parent's Rights for Special Services* as appropriate.

a) The LEA documents that a copy of the *Parents' Rights for Special Services* was given to parents.

b) The Health and Disabilities Coordinator documents parent receipt of the *Parents' Rights for Special Services* and record that in database *IEP Update Notes*.

2.2 If the LEA has not provided the parent with *Parents' Rights for Special Services* then program the :Health and Disabilities Coordinator provide it to them.

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Policy ID 75008 (DS) Coordination of Services

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:	Documentation in the electronic record-keeping system		
Forms:			
Former Policies:	DS01 Disabilities Service Plan		

Performance Objective: The Health and Disabilities Coordinator works with all staff and with outside providers as applicable in ongoing assessment and planning of activities for children with disabilities, taking into consideration the child’s developmental needs.

1.0 Documentation of Coordination

- 1.1 The Health and Disabilities Coordinator maintains documentation of coordination with teachers related to ongoing assessment and program planning (e.g., notes, meeting minutes), which demonstrates the education staff involvement in the assessment process and in planning activities across program options.
- 1.2 The Health and Disabilities Coordinator documents the coordination with Health staff and Teachers regarding children’s health needs, by means of notes, meeting minutes, and other records which are kept in child’s disability file and in the electronic record-keeping system.
- 1.3 The Health and Disabilities Coordinator documents children’s mental health needs, by means of notes, meeting minutes, and other records which are kept child’s file and the electronic record-keeping system.
 - a) This coordination is intended to help Teachers identify mental health problems, such as depression, withdrawal, anxiety, or abuse, for a child with disabilities.
- 1.4 The Health and Disabilities Coordinator documents the coordination with the PCPC regarding children’s family needs, by means of notes, meeting minutes, and other records which are kept child’s file and in the electronic record-keeping system.
- 1.5 The Health and Disabilities Coordinator documents coordination with outside providers as applicable in the electronic record-keeping system.

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Policy ID 75009 (DS) Part C Provider Referral, Follow-Up, and Transition

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	The local Part C provider notifies the program 60 days before the Local Part C provider transition meeting		
Evaluation:	Quarterly reports to Local Part C provider; Referrals received and disposition		
Forms:			
Former Policies:	DS01 Disabilities Service Plan		

Performance Objective: The program assists with the development, implementation, and provision of related services addressing disability and or developmental delay in accordance with the Individualized Education Program (IEP) for Early Head Start children with disabilities.

1.0 Local Part C Provider Referral

- 1.1 The Grantee establishes on-going collaborative relationships with community services providers to promote the access of Early Head Start children and families to disabilities services.
- 1.2 When screening/assessment results suggest a need for additional support, Teaching staff or Health and Disabilities Coordinator communicate to the parent information about the local Part C provider.
- 1.3 Teaching staff or Health and Disabilities Coordinator ask the parent to sign the Local Part C provider *Request for Service Form*.
 - a) The Health and Disabilities Coordinator submit the signed Local Part C provider *Request for Service Form* to Local Part C provider.
- 1.4 The local Part C provider reviews the information and schedules a multifaceted evaluation meeting with the parent/s and staff.
- 1.5 If it is determined that a child would benefit from an IEP, the Health and Disabilities Coordinator, Classroom Teacher, and PCPC work with the parent and local Part C provider staff to develop an IEP.

2.0 Local Part C Provider Follow-Up

- 2.1 The Health and Disabilities Coordinator monitors and tracks the child’s progress with the local Part C provider.
- 2.2 The Health and Disabilities Coordinator documents the child’s participation with the Local Part C provider in the electronic record-keeping system.

3.0 Local Part C Provider Transition to the LEA

- 3.1 The local Part C provider transition to the LEA process begins six months prior to the child’s 3rd birthday.

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- 3.2 If requested by the parent, the local Part C provider staff will forwards a referral, and invites Head Start staff to the local Part C provider transition meeting.
- 3.3 The Health and Disabilities Coordinator enters all referrals and *IEP Update Notes* into the electronic record-keeping system.
- 3.5 The Health and Disabilities Coordinator acknowledge receipt of the referral by email or phone to Local Part C provider staff and confirms intended attendance of the Transition meeting.
- 3.6 The Health and Disabilities Coordinator and designated Classroom Teacher, and possible others attend the local Part C provider Transition Meeting.
- 3.7 The Health and Disabilities Coordinator provide a Head Start brochure and Head Start location list to parents at the meeting.
- 3.8 After the local Part C provider Transition meeting, the Health and Disabilities Coordinator makes a follow up call to the parent and gives the parent the opportunity to schedule a Head Start registration appointment.
- 3.9 When the child is enrolled in Head Start, the Health and Disabilities Coordinator places the Local Part C provider's *Request for Services Form* in the child's file and also documents in the electronic record-keeping system.

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-Policy ID 75010 (DS) Request to Release Information for Special Services

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As needed		
Evaluation:	Copy of signed Permission to Release Information for Special Services Form		
Forms:			
Former Policies:	DS01 Disabilities Service Plan (Legal review and approve additions in red)		

Performance Objective: The program does not release child information without written parental consent.

1.0 Request to Release Information for Special Services

- 1.1 The Health and Disabilities Coordinator or other staff ask parents to sign the *Permission to Release Information for Special Services Form* when the Local Education Agency (LEA), Child Service Plan (CSP), or Local Part C provider Packet is submitted.
- 1.2 Health and Disabilities Coordinator place a copy of the signed Form in the child’s file and document parental consent in the electronic record-keeping system under the Disabilities tab.
- 1.3 The signed *Permission to Release Information for Special Services Form* indicates permission for the program to share the child’s information with special services.
- 1.4 Parents have the right to refuse to release information for special services, which means the program cannot share child information with special services, and continued participation may be jeopardized. See Policy 72000 Additional Services for Children with Disabilities.

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-Policy ID 75011 (DS) Concern Child Process/Child Study Team

Related Regulations:	1302.60		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Within 30 days of enrollment		
Evaluation:	Completion of the Concern Child process		
Forms:			
Former Policies:	ED06 Child Study Team - Child Support Plan		

Performance Objective: The program ensures that the special needs of each child are met.

1.0 Concern Child Process

1.1 Team Meetings: Each program option forms a Child Study Team and is responsible to meet regularly (at least once monthly) throughout the program year.

a) The first meeting occurs within 30 days of program’s opening day to ensure that the needs of each child with concerns are identified in a timely fashion.

b) See [Policy ID 4003A \(EECD\) Developmental & Social-Emotional Screening](#).

1.2 Team Members: The Child Study Team should consist of, but is not limited to the following persons: (*Indicates the Education Leadership person)

a) Center-based: Program Manager , Mentor Teacher, Classroom teacher, Parent and Community Partnership Coordinator, Health and Disabilities Coordinator.

b) Other Identified Professionals (i.e. Speech/ Language Pathologist, Mental Health Professional, etc.) are invited to the meetings as needed.

1.3 Screenings Review: Prior to the Child Study Team meeting, the Mentor Teacher, Classroom teacher and Health and Disabilities Coordinator review all developmental screenings, social–emotional screenings, speech screenings, health history, and medical examination forms to identify any children with potential concerns.

a) Concerns are indicated as:

- i) at least one failed area on ASQ-D;
- ii) below the widely-held expectations on TS GOLD Assessment Domain;
- iii) above the cut-off score on ASQ-SE;
- iv) abnormal findings on the medical examination form, as it relates to a developmental concern; and/or
- v) failed speech screenings.

b) The reviewer is responsible for having the initial concern documented in the electronic record-keeping system under the Disabilities section (i.e. ‘Monitor...’), and plan for follow-up.

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- 1.4 Teacher or Parent Concerns: If there are any developmental or behavioral concerns identified through Teacher observations or parent concerns, Teaching staff, and/or parent bring this to the attention of the Health and Disabilities Coordinator who schedules a Child Study Team meeting.
- 1.5 Agenda. Children with concerns are reviewed at the meeting.
 - a) The Child Study Team decides on a recommendation for each child with a concern before meeting with the parent (i.e. Intervention plan, Speech Enrichment, Monitor & Re-screen after 30 days, LEA or Mental Health Referral, etc.).
- 1.8 Documentation: The team keeps minutes of their meetings and file it in the child's file.
 - a) For monitoring purposes, the Health and Disabilities Coordinator records Notes in the electronic record-keeping system under the Disabilities section for the children discussed in the meeting.
- 1.9 Parent Involvement: The Health and Disabilities Coordinator and or Classroom Teacher schedules a meeting with the parent(s) to discuss the Study Team's recommendations for the child (i.e., Intervention plan, mental health observation, LEA referral, etc.) and to obtain consent to proceed with the initial intervention.
 - a) Parents may request that their child be evaluated by the LEA anytime during the classroom intervention process.
- 1.10 The Intervention Plan is implemented by the Teacher and other staff persons for the agreed upon timeframe (i.e. 30 days) and is reviewed at the following Concern Child Team meeting for progress.
- 1.11 Developmental: If the concern is not resolved through the Intervention plan and is related to suspected disabilities, the Health and Disabilities Coordinator and Classroom Teacher meet with the parent to discuss referring child to the Local Education Association (LEA) for special services.
 - a) The Health and Disabilities Coordinator is responsible for completing the LEA referral packet (see [Policy ID 75006 \(DS\) IEP Overview and LEA Referral](#)) with the parent.
- 1.12 The Health and Disabilities Coordinator engages, advocates and supports the parents in securing the services needed for their child's success.
 - a) The Health and Disabilities Coordinator monitors, tracks and assists with making referrals to the LEA and follow-up with the Concern Child Team throughout the process.
 - b) The Health and Disabilities Coordinator schedules the child evaluation assessment meeting at a time convenient for parents to attend.
- 1.13 If a child is identified by the LEA as needing supportive services, an Individual Education Plan (IEP)/Individual Family Service Plan (IFSP) is established. (See [Policy ID 75005 \(DS\) Individualized Family Service Plan \(IFSP\)](#) and [Policy ID 75006 \(DS\) IEP Overview and LEA Referral](#).)
 - a) The Health and Disabilities Coordinator provides information and training to the Teacher and other staff working with the child and family to implement the IEP/IFSP.
- 1.14 If the child is not identified from the LEA as needing and IEP or IFSP, the Child Study Team continues its supportive services and works with the Teacher and other staff persons on interventions identified by the team.
 - a) The Health and Disabilities Coordinator documents the outcomes in the electronic record-keeping system.
- 1.15 Social–Emotional/Behavioral: If the concern is not resolved through the Intervention plan and is related to social or emotional well-being, the Education Leadership person asks the parent to complete a *Mental Health Referral Form*,

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giving the Mental Health Consultant consent to observe the child and make an assessment (see [Policy ID 61005 \(HPS-MH\) Child Mental Health Assessment](#)).

- 1.16 The Education Leadership person records the referral, documentation, etc. in the electronic record-keeping system.
- 1.17 The Mental Health Consultant helps develop the intervention plans.
- 1.18 The Mental Health Consultant assists with making referrals to community mental health organizations as needed and provides follow-up information to the Child Study Team.
- 1.19 If the parent refuses outside mental health services for their child, the Mental Health Consultant and Child Study Team continue working with the teaching staff on interventions.
 - a) The Education Leadership person documents parent refusal and the outcomes identified by the team in the electronic record-keeping system.
- 1.20 Follow-Up: The Child Study Team reviews the *Concern Child Tracking and Follow Up Form* during the team meetings no later than 30 days, 60 days and 90 days after intervention has begun.
 - a) The Education Leadership person documents the meetings and updates in the electronic record-keeping system, Disabilities section.
- 1.21 Release of Information: The program does not share child data with third parties without parent signature on the *Release of Information Form for Special Services* (see [Policy ID 4000 \(ECCD\) Parental Consent for Release of Information](#)).

See 61002 Child Mental Health/ Behavior Protocol

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Policy ID 75012 (DS) Additional Services for Parents of Children with Disabilities

Related Regulations:	1302.62		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	DS01 Disabilities Service Plan		

Performance Objective: The program collaborates with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children’s needs and information and skills to help parents understand their child’s disability and how to best support the child’s development.

1.0 Additional Services for Parents of Children with Disabilities

1.1 The program assists parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child’s health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.

2.0 Parents of Children Eligible for Services under IDEA

2.1 For parents of children eligible for services under IDEA, the program also helps parents:

- a) Understand the referral, evaluation, and service timelines required under IDEA;
- b) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;
- c) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,
- d) Ensure their children’s needs are accurately identified in, and addressed through, the IFSP or IEP.

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Policy ID 75013 (DS) Coordination and Collaboration with the Local Agency Responsible for Implementing IDEA

Related Regulations:	1302.63		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/21/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Legal Department		
???	Legal to review		
Responsibility:	Health and Disabilities Coordinator		
Timeline:	As needed		
Evaluation:			
Forms:			
Former Policies:	DS01 Disabilities Service Plan; CP01 Community Partnerships		

Performance Objective: The program coordinates and collaborates with the local agency responsible for implementing IDEA.

1.0 Coordination and Collaboration with the Local Agency Responsible for Implementing IDEA

- 1.1 The program coordinates with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in §1302.33 a 3 (child screenings and assessments) and through participation in the local agency Child Find efforts.
- 1.2 The program works to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.
- 1.3 The program participates in the development of the IFSP or IEP if requested by the child’s parents, and the implementation of the IFSP or IEP.
 - a) At a minimum, the program offers:
 - i) To provide relevant information from its screenings, assessments, and observations to the team developing a child’s IFSP or IEP; and,
 - ii) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.
- 1.4 The program retains a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.

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1302 Subpart G - Transitions (TNS)

Redding Rancheria Head Start and Child Care
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Policy ID 77000 (TNS) Transitions from Early Head Start

Related Regulations:	1302.70		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Health and Disabilities Coordinator / Classroom teachers		
Timeline:	Planning begins at least 6 months prior to child's 3 rd birthday		
Evaluation:			
Forms:			
Former Policies:	CP03 Transition Services		

Performance Objective: The program assists children and families transitioning from Early Head Start to other placement.

1.0 Transitions from Early Head Start: Implementing Transition Strategies and Practices

1.1 The Early Head Start program implements strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.

2.0 Timing for Transitions

2.1 To ensure the most appropriate placement and service following participation in Early Head Start, the program, at least six months prior to each child's third birthday, implements transition planning for each child and family that:

a) Takes into account the child's developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,

b) Transitions the child into Head Start or another program as soon as possible after the child's third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.

3.0 Family Collaborations

3.1 The program collaborates with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provides information about the child's progress during the program year and provides strategies for parents to continue their involvement in and advocacy for the education and development of their child.

4.0 Early Head Start and Head Start Collaboration

4.1 Early Head Start and Head Start programs work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in 1302.10-1302.18, and promote successful transitions through collaboration and communication.

5.0 Transition Services for Children with an IFSP

5.1 The program provides additional transition services for children with an IFSP, at a minimum, as described in 1302.60-1302.63.

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Policy ID 77001 (TNS) Transitions from Head Start to Kindergarten

Related Regulations:	1302.71		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Classroom teachers/ Health and Disabilities Coordinator		
Timeline:	End of school year		
Evaluation:			
Forms:			
Former Policies	CP03 Transition Services; ED08 Outcome Measurement- School Readiness Goals		

Performance Objective: The program assists children and families transitioning from Head Start to Kindergarten.

1.0 Transitions from Head Start to Kindergarten: Implementing Transition Strategies and Practices

1.1 When serving children who will enter kindergarten in the following year, the program implements transition strategies to support a successful transition to kindergarten.

2.0 Family Collaborations for Transitions

2.1 The program collaborates with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.

- a) At a minimum, such strategies and activities:
 - i) Help parents understand their child’s progress during Head Start;
 - ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child;
 - iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,
 - iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children’s education.

3.0 Community Collaborations for Transitions

3.1 The program collaborates with local education agencies to support family engagement under section 642(b)(13) of the Act and the State Department of Education, as appropriate, and kindergarten Teachers to implement strategies and activities that promote successful transitions to kindergarten for children, their families, and the elementary school.

- a) At a minimum, such strategies and activities include:
 - i) Coordination with schools or other appropriate agencies to ensure children’s relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in 1303.20-1303.24;
 - ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in 1303.20-1303.24;; and,
 - iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.

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- 3.2 When the program does not operate during the summer, it collaborates with school districts to determine the availability of summer school programming for children who will be entering kindergarten and works with parents and school districts to enroll children in such programs, as appropriate.

4.0 Learning Environment Activities

- 4.1 The program implements strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, includes approaches that familiarize children with the transition to kindergarten and fosters confidence about such transition.

5.0 Transition Services for Children with an IEP

- 5.1 The program provides additional transition services for children with an IEP, at a minimum, as described in 1302.60-1302.63.

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Policy ID 77002 (TNS) Transitions between Programs

Related Regulations:	1302.72		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	PCPC, Health and Disabilities Coordinator, Classroom teachers		
Timeline:	As applicable		
Evaluation:			
Forms:			
Former Policies:	CP03 Transition Services		

Performance Objective: The program assists enrolled children and families transitioning between programs.

1.0 Transitions between Programs

- 1.1 For families and children who move out of the community in which they are currently served, including homeless families and foster children, the program undertakes efforts to support effective transitions to other Early Head Start or Head Start programs.
 - a) If Early Head Start or Head Start is not available, the program assists the family to identify another early childhood program that meets their needs.

- 1.2 When the program serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry, it undertakes strategies and activities described in §1302.71 b and 1302.71 c 1 and 2, as practicable and appropriate. (See [Policy ID 77001 \(TNS\) Transitions from Head Start to Kindergarten.](#))

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**1302 Subpart H – Services to Enrolled Pregnant
Women (PW)**

Redding Rancheria Head Start and Child Care
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Policy ID 80000 (PW) Services to Enrolled Pregnant Women

Related Regulations:	1302.80		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Health and Disabilities Coordinator / Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Within 30 days of enrollment		
Evaluation:			
Forms:			
Former Policies:	FP03 Services to Pregnant women enrolled		

Performance Objective: The program assists enrolled pregnant women.

1.0 Enrolled Pregnant Women

- 1.1 Within 30 days of enrollment, the program determines whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.
- 1.2 If an enrolled pregnant woman does not have a source of ongoing care and, as appropriate, health insurance coverage, the program, as quickly as possible, facilitates her access to such a source of care that will meet her needs.
- 1.3 The program facilitates the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence (see [Policy ID 1507 \(PWS\) Services for Pregnant Women](#)).
- 1.4 The program provides a newborn visit with each mother and baby to offer support and identify family needs.
 - a) The program schedules the newborn visit within two weeks after the infant's birth (see [Policy ID 1511 \(PWS\) Pregnant Mom Postpartum Support](#).)

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Policy ID 80001 (PW) Prenatal and Postpartum Information, Education, and Services

Related Regulations:	1302.81		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Health and Disabilities Coordinator / Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	FP03 Services to Pregnant Women		

Performance Objective: The program provides enrolled pregnant women, fathers, and partners or other relevant family members prenatal and postpartum information, education and services.

1.0 Prenatal and Postpartum Information, Education, and Services

- 1.1 These resources and services address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.
- 1.2 The program also addresses needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.
- 1.3 See [Policy ID 1514 \(PWS\) Pregnant Mom Home Visit Planning](#).

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Policy ID 80002 (PW) Family Partnership Services for Enrolled Pregnant Women

Related Regulations:	1302.82		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Health and Disabilities Coordinator / Parent and Community Partnership Coordinator (PCPC)		
Timeline:	Ongoing		
Evaluation:			
Forms:			

Performance Objective: The program provides family partnership services for enrolled pregnant women.

1.0 Family Partnership Services for Enrolled Pregnant Women

- 1.1 The program engages enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and includes a specific focus on factors that influence prenatal and postpartum maternal and infant health. (See [Policy ID 70040 \(FCE\) Family Partnership Building](#) and [Policy ID 70041 \(FCE\) Family Partnership Services](#).)

- 1.2 The program engages enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant’s transition to program enrollment, and supports the family during the transition process, where appropriate.

**1302 Subpart I - Human Resources Management
and Personnel Policies (HR/PP)**

Redding Rancheria Head Start and Child Care
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Policy ID 90000 (HR/PP) Written Personnel Policies

Related Regulations:	1302.90 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/18/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Policies and Procedures Manuals		
Forms:			
Former Policies:	TP8-0223 Redding Rancheria Personnel Policies		

Performance Objective: The Grantee establishes and implements written personnel policies for staff that are approved by the Policy Council or Policy Committee and that are made available to all staff. In addition to the Redding Rancheria Personnel Procedures outlined in the Personnel Manual, the Head Start program also utilizes Head Start and Child Care Work Rules.

1.0 Written Personnel Policies

1.1 The policies listed in the Head Start and Child Care Work Rules are meant as a supplement to the Redding Rancheria Personnel Policies, which pertain to the entire organization, including the Head Start and Child Care Program; the Rancheria Personnel Policies take precedence.

At a minimum, written personnel policies include:

- (a) Descriptions of each staff position, addressing as appropriate, roles and responsibilities, relevant qualifications, salary ranges, and employee benefits.
- (b) A description of the procedures for recruitment, selection and termination.
- (c) Standards of conduct.
- (d) Descriptions of methods for providing staff and volunteers with opportunities for training, development, and advancement.
- (e) A description of the procedures for conducting staff performance appraisals.
- (f) Assurances that the program is an equal opportunity employer and does not discriminate on the basis of gender, race, ethnicity, religion or disability; and
- (g) A description of employee-management relation procedures, including those for managing employee grievances and adverse actions.

The above policies are met and documented in their entirety in the Redding Rancheria Personnel Policy. It is the Policy of the Redding Rancheria Head Start to be governed by the Tribal Personnel Policy and to review these policies annually. See Policy Council Chart of Work.

SECTION 3: HEAD START AND CHILD CARE WORK RULES

The Redding Rancheria Head Start and Child Care Work Rules also apply to employees in this department and are considered a supplement to the Redding Rancheria Personnel Policies.

1.2 These personnel policies and procedures and subsequent changes to those policies, including [Policy ID 90002 \(HR/PP\) Standards of Conduct](#), are developed with Policy Council, Policy Committee, key management staff and the governing body working in partnership.

1.3 See also [Policy ID 828 \(MSP\) New or Modified Policies/Procedures, Charts, and Forms Approval](#).

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Policy ID 90001 (HR/PP) Background Checks and Selection Procedures

Related Regulations:	1302.90 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/26/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Prior to hire or transfer or if deemed appropriate, and every five years thereafter		
Evaluation:	Employee file		
Forms:			
Former Policies:	PP05/TP8 206 (PP05) Employee and Regular Volunteer Background Checks		

Performance Objective: The program follows background check and selection procedures regarding hire.

1.0 Background Checks and Selection Procedures

1.1 Before a person is hired, directly or through contract, including transportation staff and contractors, the program conducts an interview, verifies references, conducts a sex offender registry check, and obtains one of the following:

- a) State or tribal criminal history records, including fingerprint checks; or,
- b) Federal Bureau of Investigation criminal history records, including fingerprint checks.

1.2 The program has 90 days after an employee is hired to complete the background check process by obtaining:

- a) Whichever check listed above was not obtained prior to the date of hire; and,
- b) Child abuse and neglect state registry check.

1.3 Head Start and Child Care employees must also meet the Child Care Development Fund (CCDF) Reauthorization Changes (9/23/16) Title 45; Section 98.43 as follows: prospective employees must complete:

- a) A search of the National Crime Information Center’s National Sex Offender Registry and
- b) A search of the following registries, repositories, or databases in the State where the staff member resides and each state where such staff member resided during the preceding five years:
 - i. State sex offender registry or repository and
 - ii. State-based child abuse and neglect registry and database.

1.3 The program reviews the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and uses Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1) or tribal disqualifications factors to determine whether the prospective employee can be hired or the current employee must be terminated.

1.4 The program ensures a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process is complete.

1.5 The program conducts the complete background check for each employee, consultant, or contractor at least once every five years which must include each of the four checks listed above, and reviews and makes employment decisions based on the information, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.

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1.6 The program considers current and former program parents for employment vacancies for which such parents apply and are qualified.

2.0 Fingerprinting

2.1 *Applicable employees are fingerprinted prior to the first day of employment is preferred.*

2.2 *The Human Resources staff ensures the fingerprinting of the applicable employees is completed, and files the fingerprints in the employee files.*

2.3 *Failure to comply with fingerprinting regulations results in termination or refusal of employment.*

3.0 Criminal History Information

3.1 *The program reviews each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.*

a) The designation is based on the relationship of criminal convictions to the qualifications, responsibilities, duties, and sensitivity of the job classifications or positions, including applicable statutory requirements.

b) The designation includes a determination as to whether criminal convictions would preclude appointment or whether the candidates with criminal convictions can be certified for appointment, with consideration to:

i) The nature and seriousness of the offense

ii) The circumstances under which the offense occurred

iii) When the offense took place

iv) Age of the person at the time the offense was committed

v) The offense within the context of the total pertinent criminal history record (isolated or repeated violation)

vi) Evidence of rehabilitation.

3.2 *When a class or position has been designated as requiring a review of criminal history information, any appointment to the class or position is contingent on a review by the Human Resources Director of criminal history information not disclosing conviction of crimes which preclude employment.*

3.3 *A job applicant can be suspended from the employment consideration list when the applicant has been charged with a crime in which a conviction would preclude employment, until disposition of the charges.*

3.4 *The Human Resources Director or designee obtains and reviews criminal history information concerning incumbents of designated job classifications or positions when:*

a) In the opinion of the Human Resources Director, or designee, there is reason to believe that such information exists and that it is material to the competence of the employee in question;

b) Upon re-appointment to service after resignation or separation; or

c) Upon application for employment to a classification other than that held at the time this regulation is promulgated.

3.5 *The Human Resources Director or designee are authorized to seek and obtain access to State summary criminal history information from the State Attorney General respecting all applicants for or incumbents in job classifications or positions designated as requiring a review of criminal history information.*

3.6 *The Human Resources Director or designee are authorized to require that applicants and employees be fingerprinted for the purpose of obtaining criminal history records.*

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- 3.7 *The Human Resources Director or designee maintains custody and control of criminal history records obtained to carry out this regulation.*
- a) Criminal history records are retained for a period required by State and Federal law.*
 - i) After such time, the criminal history records are then be destroyed.*
- 3.8 *The Redding Rancheria has opted to utilize third party vendors to complete the above screenings, including but not limited to: California Trustline; Personnel Security Consultant (PSC) Services.*
- 3.9 Additionally, all Head Start and Child Care staff shall annually complete an “Employee Declaration” stating they have not committed any crimes as listed.
- 3.10 This policy also applies to volunteers who regularly interact with children more than 16 hours per week.
- 3.11 Other policies apply to non-regular Head Start volunteers and/or Head Start parents.

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Policy ID 90002 (HR/PP) Standards of Conduct

Related Regulations:	1302.90 c		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	7/3/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	HR04 Code of Conduct (See additions is red)		

Performance Objective: The program ensures all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct.

1.0 Standards of Conduct

- 1.1 Staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior.
- 1.2 Staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children. They do not:
 - a) Use corporal punishment;
 - b) Use isolation to discipline a child;
 - c) Bind or tie a child to restrict movement or tape a child’s mouth;
 - d) Use or withhold food as a punishment or reward;
 - e) Use toilet learning/training methods that punish, demean, or humiliate a child;
 - f) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
 - g) Physically abuse a child;
 - h) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or,
 - i) Use physical activity or outdoor time as a punishment or reward;
- 1.3 Staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.
- 1.4 Staff, consultants, contractors, and volunteers are required to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance 1303.20-1303.24 and applicable federal, state, local, and tribal laws.
- 1.5 No child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under program care.

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2.0 Administration

2.1 The Redding Rancheria program ensures that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.

3.0 ERSEA

3.1 The program prohibits staff from knowingly falsifying any records, especially as it relates to determining program eligibility, fees, etc. Head Start and Child Care staff shall sign each child's Eligibility Verification, and attach the documents used to reach that decision. Staff who purposefully falsify financial records shall be subject to the Tribe's disciplinary actions. See Personnel Policy #115, CODE OF CONDUCT and #400 CORRECTIVE ACTION. Employees suspected of purposely violating ERSEA guidelines shall be immediately removed from Eligibility determination, and may face disciplinary action including suspension and/or termination.

4.0 Violation of Code Conduct

4.1 For staff, violation of any or all portions listed herein will result in disciplinary action, up to and including termination.

4.2 For volunteers, violation of any or all portions listed herein will result in the immediate termination of voluntary service.

4.3 For contractors, violation of any or all portions listed herein will result in the immediate termination of all contractual agreements.

4.4 See Redding Rancheria Personnel Policies

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Policy ID 90003 (HR/PP) Communication with Dual Language Learners and Their Families

Related Regulations:	1302.90 d (1302.50 b 5)		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Throughout the program year		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program ensures staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency

1.0 Communication with Dual Language Learners and Their Families

1.1 If a majority of children in a class or home-based program speak the same language, at least one class staff member or must speak such language.

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Policy ID 91000 (HR/PP) Staff Qualifications and Competency Requirements

Related Regulations:	1302.91, Act 648A a 2 B i, 648A a 2 B ii, Act 645A h, 648A a 3 B		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/23/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Personnel files		
Forms:			
Former Policies:	HR02 Staff Qualifications and Job Descriptions		

Performance Objective: The program ensures all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards.

1.0 Staff Qualifications and Competency Requirements

1.1 The program provides ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

2.0 Early Head Start or Head Start Director

2.1 The program ensures an Early Head Start or Head Start Director hired after 11/5/2016 has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

3.0 Fiscal Officer

3.1 The program assesses staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secures the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet needs.

a) The program ensures a fiscal officer hired after 11/5/2016 is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.

4.0 Child and Family Services Management Staff Qualification Requirements

4.1 The program ensures staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after 11/5/2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee. (Redding Rancheria corresponding position: Health and Disabilities Coordinator)

4.2 The program ensures staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience. (Redding Rancheria corresponding position: Mentor Teacher)

5.0 Child and Family Services Staff

5.1 Early Head Start: The program ensures center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable

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credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.

5.2 Because the Secretary of HHS must ensure no less than fifty percent of all Head Start teachers, nationwide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework, the program targets hiring to those so qualified.

a) The program ensures all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A a 3 B of the Act:

i) an associate degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; **and be enrolled in coursework leading to a bachelor's degree in ECE**, or

ii) a baccalaureate degree and has been admitted into the Teach For America program, passed a rigorous early childhood content exam, such as the Praxis II, participated in a Teach For America summer training institute that includes teaching preschool children, and is receiving ongoing professional development and support from Teach For America's professional staff.

5.3 The program ensures Head Start assistant teachers, at a minimum, have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of the time of hire.

6.0 Center-Based Teachers, Assistant Teachers, and Family Child Care Provider Competencies

6.1 The program ensures center-based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.

7.0 Family Services Staff Qualification Requirements

7.1 The program ensures staff who work directly with families on the family partnership process hired after 11/5/2016 have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field. (Redding Rancheria corresponding position: Parent and Community Partnership Coordinator)

8.0 Health Professional Qualification Requirements

8.1 The program ensures health procedures are performed only by a licensed or certified health professional.

a) All mental health consultants are licensed or certified mental health professionals.

i) The program uses mental health consultants with knowledge of and experience in serving young children and their families, if available in the community.

ii) The program uses staff or consultants to support nutrition services who are registered dietitians or nutritionists with appropriate qualifications.

9.0 Coaches

9.1 The program ensures coaches providing the services described in §1302.92 c have a minimum of a baccalaureate degree in early childhood education or a related field. (Redding Rancheria corresponding position: Mentor Teacher.)

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Policy ID 92000 (HR/PP) Training and Professional Development

Related Regulations:	1302.92, 648A a 5		
Revised by:	Diane Coe, Program Manager	Revision Date:	1/05/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Staff orientation and as scheduled		
Evaluation:	Training documentation in employee files		
Forms:			
Former Policies:	HR07 Training and Professional Development		

Performance Objective: The program implements a systematic approach to staff training and professional development.

1.0 Training and Professional Development

- 1.1 The program provides to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented (see [Policy ID 900 \(HR/PP\) Head Start/Early Head Start Staff Orientation](#) and [Policy ID 942 \(HR/PP\) Employee Orientation](#).)
- 1.2 The program has established and implements a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system includes:
 - a) Staff completing a minimum of 15 clock hours of professional development per year.
 - i) For teaching staff, such professional development meets the requirements described in section 648A a 5 of the Act, which state:

“Teacher In-Service Requirement - Each Head Start teacher shall attend not less than 15 clock hours of professional development per year. Such professional development shall be high-quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom, and regularly evaluated by the program for effectiveness.”
 - b) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws (see [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect](#));
 - c) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;
 - d) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and,
 - e) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.
- 1.3 The program implements a research-based, coordinated coaching strategy for education staff that:

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- a) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;
 - b) At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in 1302.92 c 1, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals;
 - c) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in 1302.92 c 1 to receive other forms of research-based professional development aligned with program performance goals;
 - d) Ensures intensive coaching opportunities for the staff identified through the process in 1302.92 c 1 that:
 - i) Align with the program's school readiness goals, curricula, and other approaches to professional development;
 - ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;
 - iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,
 - iv) Include clearly articulated goals informed by the program's goals, as described in §1302.102 (see [Policy ID 10102 \(PMQI\) Achieving Program Goals](#)), and a process for achieving those goals; and,
 - e) Establishes policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.
- 1.4 If the program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not include the requirements in 1302.92 c, the program must partner with external early childhood education professional development experts.
- a) The program assesses whether the adaptation adequately supports staff professional development, consistent with the process laid out in 1302.100- 1302.103.

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Policy ID 93000 (HR/PP) Staff Health and Wellness

Related Regulations:	1302.93		
Revised by:	Diane Coe, Program Manager	Revision Date:	2/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Approved by:	HAC (Health Advisory Committee)		
Approved by:	Human Resources Department		
???	Needs review by HR. Also what about regular volunteers and youth workers?		
Responsibility:	Program Manager		
Timeline:	Before hire and ongoing		
Evaluation:	Employee Medical Statement		
Forms:			
Former Policies:	HR 06 Staff and Volunteer Health; PP04 Employee Health Screening (see additions in Red to reflect RRancheria policy)		

Performance Objective: The program ensures each staff member **and regular volunteer** has an initial health examination and periodic re-examination.

1.0 Staff Health and Wellness

1.1 The program ensures each staff member **and regular volunteer** has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements, that include screeners or tests for communicable diseases, as appropriate.

a) The program ensures staff **and regular volunteers** do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

1.2 The program makes mental health and wellness information available to staff regarding health issues that may affect their job performance, and provides regularly scheduled opportunities to learn about mental health, wellness, and health education.

2.0 Staff and Volunteer Health: Initial Health Examinations 1304.52 j 1; 1304.52 k 1-3

(See also [Policy ID 949 \(HR/PP\) Pre-Employment Requirements Including Health Exam](#))

2.1 The purpose of the initial health examination is to assure that they do not, because of communicable disease, pose a significant risk to the health or safety of others in the Early Head State or Head Start program that cannot be eliminated or reduced by reasonable accommodation.

2.2 Each program has documentation on each staff member's initial health examination (including screening for tuberculosis) and periodic reexaminations (as recommended by his or her health care provider or as mandated by Federal, State, and local laws). This documentation:

a) Is kept in the Human Resources Department, and

b) Includes the dates of all employee health screens.

2.3 The Human Resource Department ensures that each staff member **and regular volunteer** has an initial health exam, including screening for tuberculosis, and periodic reexaminations by:

a) Employee submits original Employee Medical Statement with licensed medical personnel signature to Human Resources staff; volunteers submit to Program Manager.

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- 2.4 *This requirement is implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.*
- 2.5 *Only potential employees who have doctor-signed medical screenings stating they are free of communicable disease can be hired.*
- 2.6 *When current staff develop a communicable disease **which lasts three or more days**, they cannot work with children until their primary care doctor or clinician provides a statement saying they are free of communicable disease.*
- a) In this situation, the terms of [Policy ID 938 \(HR/PP\) Leaves of Absence](#) may apply.*
- 2.7 *The Human Resources staff confidentially keeps the Employee Medical Statement separate from the employee file.***
- 2.8 *Each program makes health and wellness information available to staff.*

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Policy ID 93001 (HR/PP) RR Staff Immunizations

Related Regulations:	1302.93		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/07/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Executive Team	Approval Date:	
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)	Approval Date:	
Approved by:	Human Resources Department	Approval Date:	
Responsibility:	Program Manager; Health and Disabilities Coordinator		
Evaluation:	<i>Employee Medical Statement</i>		
Forms:			
Former Policies			

Performance Objective: To ensure the health of the children, parents and staff, and as determined by the Redding Rancheria Health Advisory Committee and in accordance with Head Start standards and SB 792, employees and regular volunteers working with preschool children in the Head Start or Child Care program are required to be immunized against influenza, pertussis and measles.

1.0 Immunizations

- 1.1 In accordance with SB 792, all Head Start and Child Care employees and regular volunteers will be required to furnish proof that they have been fully immunized for pertussis (whooping cough) and measles. Employees born prior to 1957 are exempt from the Measles vaccine.
- 1.2 By December 31, 2016, Head Start and Child Care staff must provide to the Redding Rancheria Personnel Services a copy of their immunization record documenting pertussis and measles vaccines or, a signed letter from a licensed physician documenting their immunity to pertussis and measles, or a signed letter from a licensed physician declaring that immunization is unsafe for the employee due to a physical condition or medical circumstance
- 1.3 Additionally between October 1st and December 31, 2016 and then annually thereafter, Head Start and Child Care employees will need to provide documentation of influenza vaccination, or a signed letter from a licensed physician declaring that influenza inoculation is unsafe for the employee due to a physical condition or medical circumstance.
- 1.4 These mandatory immunizations must be completed by December 31, 2016 for current employees. For new hires the immunizations must be provided prior to work in the Head Start and Child Care center.
- 1.5 Further, though not required, it is recommended that Head Start and Child Care employees be immunized for Hepatitis B.

2.0 Providers

- 2.1 The Redding Rancheria Tribal Health Center, 1441 Liberty Street, Redding, is the primary provider of the above services. Staff shall make an appointment and bring the *Employee Immunization Status Form* available from the Head Start Program Manager. There is no charge for these services. Contact number: 530-224-2700.
- 2.2 Should employees decide to use their own health care provider any charges involved are the responsibility of the employee.

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Policy ID 94000 (HR/PP) Volunteers

Related Regulations:	1302.94		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Executive Team	Approval Date:	
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Approved by:	Human Resources Department		
Responsibility:	Program Manager; Health and Disabilities Coordinator		
Forms:			
Former Policies:	HR06 Staff and Volunteer Health		

Performance Objective: The program ensures regular volunteers have been screened for appropriate communicable diseases.

1.0 Volunteers

1.1 The program ensures regular volunteers have been screened for appropriate communicable diseases in accordance with state, tribal or local laws.

- a) In the absence of state, tribal or local law, the Health Services Advisory Committee is consulted regarding the need for such screenings.
- b) A regular volunteer is defined by the Redding Rancheria as someone who volunteers over 16 hours per week.

1.2 The program ensures children are never left alone with volunteers.

1306.22; 1306.22 a; 1306.22 b:

1.3 *The Program uses volunteers to the fullest extent possible.*

1.4 *The program develops and implements a system to actively recruit, train, and utilize volunteers in the program.*

1.5 *The Human Resources staff run background checks which must be passed before people can become a regular volunteer.*

1.6 *Special efforts are made to have volunteer participation, especially parents, in the classroom and during group socialization activities.*

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Policy ID 94001 (HR/PP) Department of Education Volunteer Background Checks

Related Regulations:	1302.94		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/26/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Executive Team	Approval Date:	
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	HAC (Health Advisory Committee)		
Approved by:	Human Resources Department		
Responsibility:	Program Manager; Health and Disabilities Coordinator		
Forms:			
Former Policies:	TP8-207 Department of Education Volunteer Background Checks		

SECTION 1: PURPOSE

It is the policy of the Redding Rancheria Head Start and Child Care program that every effort be made to identify those who could be deemed unsafe to be around children. Therefore, the subject matter listed in Section 6 of this policy shall occur at the earliest convenience.

SECTION 2: BACKGROUND AND INTENT

In 1990, the United States Congress found several deficiencies with how the federal government and Indian tribes that contract with the federal government, conduct character investigations of individuals who care for or teach Indian children. In response to those findings Congress passed the Indian Child Protection and Family Violence Prevention Act, 25 USC 3201 et. seq. (ICPFVPA). The ICPFVPA requires all tribes that receive funds under the Indian Self-Determination Act or the Tribally Controlled Schools Act to perform character background investigations including a criminal history checks on all individuals employed who have regular contract with or control over a child. There are some volunteers of Redding Rancheria Head Start and Child Care programs who perform functions that are similar in nature to employees and can include regular contact with or control over children. It is the intent of the Redding Rancheria that children participating in its programs should be protected from abuse by adult volunteers in the same manner. 25 CFR 63.11 requires that volunteers who have regular contact with or control over children undergo a character investigation including criminal background check.

SECTION 3: DEFINITIONS

The following volunteer classifications are based upon the amount of contact or control a volunteer, carrying out certain functions, may have with children at the Head Start and Child Care facilities and whether such contact is supervised by a staff member who has been subject of a character investigation as required by the ICPFVPA.

- (f) **Low Risk Volunteer:** A parent or other individual who does not have unsupervised or regular contact with the children. This category includes guests who may either present or read to the children and also field trip chaperones and occasional volunteers whose activities with the children always take place in the presence of Redding Rancheria Head Start or Child Care staff.
- (g) **Moderate Risk Volunteer:** A moderate risk volunteer is one that has regular contact with the children such that the children become familiar with seeing the adult around the facilities but perform their service under the supervision of an employee. Volunteers in this group include field trip volunteers who ride the bus, meal service, volunteers who perform more than 16 hours of service a month.
- (h) **High Risk Volunteers:** A high risk volunteer is one that may have exclusive control over a child without supervision of a Head Start or Child Care Program employee. Volunteers in this class include tutors, speech and language therapists who provide services free of charge, dental hygienist who provide cleanings at the facility, chaperones for overnight trips or will be taking children in their personally owned vehicles and any other volunteer that administration determines may have exclusion control over a child.

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SECTION 4: DELEGATED AUTHORITY (Reserved)

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES (Reserved)

SECTION 6: ADDITIONAL SUBJECT MATTER

- (d) Parents and other volunteers are asked to state their intention to be a regular volunteer.
- (e) Moderate Risk and High Risk Volunteers as defined above in Section 3 are required to complete volunteer forms detailing any criminal history, including, but not limited to: Crimes of violence, sexual assault, molestation, exploitation, contact with or prostitution, crimes against persons, offenses committed against children, child abuse or child neglect, and/or any other pertinent information including location of residence and employment. Each Moderate and High Risk Volunteer will also be required to sign a release of information and a consent to a character investigation conducted by Personnel Security Consultants, Inc.
- (f) All volunteers and all parents shall be notified that their name will be checked against the California Megan's Law website, a statewide list of known child perpetrators.
- (g) No person whose name appears on the California Megan's Law website as a sexual offender is eligible to volunteer at the Redding Rancheria Head Start or Child Care Programs.
- (h) In addition to a Megan's Law search, all moderate and high risk volunteers will have a complete criminal history and character investigation conducted by Personnel Security Consultants, Inc. (PSC) and PSC will use the adjudicatory process to determine eligibility of each prospective volunteer.
- (i) No person shall be allowed to volunteer in either the Head Start or Child Care until cleared to do so by the Redding Rancheria Human Resources Department.

SECTION 7: REVIEW

The CEO shall review this policy each year and shall such make recommendations, if any, for its amendment as appropriate for the effective administration hereof.

Legislative History:

Originally Adopted by Tribal Council Resolution #056-06-16-09, dated June 16, 2009.
Amended by Tribal Council Resolution #059-10-09-12, dated October 9, 2012.
Amended by Tribal Council Resolution #054-08-18-15, dated August 18, 2015.

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Policy ID 900A (HR/PP) Organizational Structure

Related Regulations:	<i>1304.52 a 1-2 iii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Annual review		
Evaluation:	Organizational char>		
Forms:	Job Descriptions		
Former Policies:	HR01 Organizational Structure		

Performance Objective: The Redding Rancheria establishes and maintains a Head Start organizational structure that supports the accomplishment of program objectives.

1.0 Organizational Structure

- 1.1 The organizational structure addresses the major functions and responsibilities assigned to each staff position (see job descriptions) and provides evidence of adequate mechanisms for staff supervision and support (see Organizational Chart).
- 1.2 The Head Start Program Manager and Education Director and leadership team review the organizational structure annually.
- 1.3 The Head Start Program Manager must have demonstrated skills and abilities in a management capacity relevant to human services Program Management.
- 1.4 At a minimum, the Rancheria ensures that the following Program Management functions are formally assigned to and adopted by staff within the programs:
 - a) Program Management: Program Manager
 - b) Management of early childhood development and health services, including child medical, dental, and mental health; child nutrition; and, services for children with disabilities: Health and Disabilities Coordinator
 - c) Management of early childhood development, including child assessment, curriculum development and educational goals, including School Readiness Goals: Mentor Teacher
 - d) Management of family and community partnerships, including parent activities: Parent and Community Partnership Coordinator.

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- Policy ID 900 (HR/PP) Head Start/Early Head Start Staff Orientation

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	During new hire orientation and annual employee anniversary date		
Evaluation:	Accurate Training Log Forms, employee files		
Forms:			
Former Policies:	HR07 Training and Development		

Performance Objective: All newly hired Head Start/Early Head Start employees must participate in Orientation.

1.0 Head Start/Early Head Start Staff Orientation

1.1 New Head Start or Early Head Start employees receive orientation on the following:

- a) The History of Head Start
- b) Head Start Act as reauthorized
- c) Head Start Performance Standards
- d) Federal regulations that apply to Head Start/Early Head Start
- e) National Office of Head Start (OHS)
- f) Head Start Mission Statement
- g) Grantee Organizational Structure (including key positions and policy groups and governing body)
 - i) Internal Operating Units (how they work/fit together)
 - ii) <Grantee Office of Staff Development>
 - A) Professional Development Plans
 - B) PATHS Process and Procedures
 - C) Training and development opportunities
- h) Region Training & Technical Assistance network
- i) Grantee Mission Statement
- j) Overview and definition of Head Start/Early Head Options
 - i) Center-based (half-day or full-day)
 - ii) Home School
 - iii) Combination as a potential option
 - iv) Early Head Start
 - v) Early Head Start-Childcare Partnerships
- k) Definition of Terms
- l) Policies and Procedures Manual

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m) Content Areas

- i) Child Development and Education
- ii) Child Health and Safety
- iii) Parent, Family and Community Engagement
- iv) Program Design and Management

- 1.2 Program Manager reviews the Grantee's [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect](#) procedures with the new employee and secure their signature on the *Standards of Conduct* paper.
- 1.3 Program Manager give the new hire a *Professional Development Application Form* and assist them in completing the personal professional development plan.
 - a) The new employee receives a copy.
 - b) A copy is placed in the employee's file.
- 1.4 At the conclusion of the orientation, the new employee reports to the assigned work area.
- 1.5 The new hire's immediate Supervisor has the responsibility of orienting the new Head Start/Early Head Start employee relative to their specific job duties, responsibilities, daily routines, and performance expectations.

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- Policy ID 902 (HR/PP) Tuition Loan Agreement

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	As required		
Evaluation:	Notification Letters		
Forms:			
Former Policies:	Loan Agreement		

Performance Objective: The Grantee establishes an adequate and functional cash recovery procedure that ensures a reasonable effort has been made to recover program funds from an individual who has received financial assistance from the Agency in order to pursue higher education; and has in some way or another, failed to meet all the terms and conditions of the Tuition Loan Agreement.

1.0 Tuition Loan Agreement

1.1 Conditions that will trigger a Tuition Loan Agreement Default:

- a) Failure to perform or comply with any of the terms and conditions disclosed within the Tuition Loan Agreement.
- b) Failure to satisfy the stipulated number of years of employment with the Grantee, after receiving the degree, as outlined in the Tuition Loan Agreement; whether the separation is voluntary or involuntary.
- c) Failure to make satisfactory progress toward achieving the degree.

1.2 Definition of Full Loan Amount:

- a) The “full loan amount” is the cumulative amount of dollars that the Grantee has disbursed to an institute of higher learning, and has invested on behalf of any individual, over the entire course of their pursuit of a specific degree or certification.

1.3 Funds Recovery Process and Procedure:

- a) When the tuition Loan Agreement Default is triggered, the Human Resources Department will:
 - i) Issue a certified letter to the person in default, return receipt requested, which clearly states the terms of the default and specifies the total amount due.
 - ii) The Human Resources Director coordinates and implements actual collection procedures, in accordance with Grantee policy.

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- Policy ID 903 (HR/PP) Notification of Expiring Certifications

Related Regulations:				
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017	
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>	
Approved by:	Policy Council	Approval Date:		
Approved by:	Tribal Council	Approval Date:		
Approved by:	Human Resources Department			
				Approval Date
Responsibility:	Program Manager			
Timeline:	Annually during Pre-Service			
Evaluation:	Notification letters			
Forms:				
Former Policies:	Personnel Cover Sheet; Employee Handbook			

Performance Objective: All program staff **are responsible** to maintain current credential(s) that meet or exceed the minimum requirements for their position.

1.0 Notification of Expiring Certification

- 1.1 Program Management conducts ongoing monitoring of all Head Start/Early Head Start staff credentials and their expiration dates.
- 1.2 The Program Manager informs staff at the beginning of each school year using the *Personnel File Cover Sheet* which includes expiration dates for credentials, CPR, First Aide, Child Abuse training, etc. **Staff are responsible to remain current in all requirements.**
- 1.3 **The Program Manager keeps copies of these letters in the staff person’s file and forwards them in the following manner:**
 - a) **to the Human Resources Department when an employee is negligent in timely renewal(s)**
- 1.4 **Continued non-compliance could result in disciplinary action including suspension and dismissal.**

1.0 Mandatory Training Certification Renewal

- 1.1 Program Management conducts ongoing monitoring of all Head Start/Early Head Start staff members mandatory certifications listed below and their expiration dates:
 - a) Bloodborne Pathogens (1 year)
 - b) Child Abuse and Neglect (1 years)
 - c) Communicable Disease (1 years)
 - d) CPR (American Heart Association – 2 years/American Red Cross - 1 year)
 - e) First Aid (2 years)

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- Policy ID 906 (HR/PP) Grantee Approval of External Training

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The Grantee requires that programs have policies and procedures in place for external training for staff and parents.

1.0 External Training Request

- 1.1 The Program Manager submit a request letter to the Education Director outlining the anticipated cost of training, number of persons requesting attendance, job titles, transportation costs, date/s of training and supplemental material regarding the training or conference (such as brochures).
- 1.2 The Education Director approves or disapproves the external training request and notifies the program of the decision in writing.
- 1.3 The Tribal Fiscal Department amends contracts with delegates to fund the external training costs.
- 1.4 The Tribal Fiscal Department pays for the costs of the approved external training, following the usual process.

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- Policy ID 907 (HR/PP) Training and Advancement Opportunities

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Training and Technical Assistance Plan, Training attendance records		
Forms:			
Former Policies:			

Performance Objective: The Grantee implements an ongoing structured approach for staff, parent, and volunteer training and development.

1.0 Training and Advancement Opportunities

- 1.1 The Grantee establishes and implements a structured approach to staff training and development, attaching academic credit whenever possible. This system is designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 1306.23.
- 1.2 At a minimum, this system includes ongoing opportunities for staff and volunteers to acquire the knowledge and skills necessary to implement the content of the Performance Standards. This includes:
 - a) Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers (see [Policy ID 974 \(HR/PP\) Identification and Reporting of Child Abuse and Neglect](#)); and
 - b) Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program (see also [Policy ID 4012 \(EECD\) Transition Plan](#) and [Policy ID 4025 \(EECD\) Approach to Routines and Transitions](#)).
- 1.3 The Grantee provides pre-service training and in-service training opportunities to program staff and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. The training is directed toward improving the ability of staff and volunteers to deliver services required by Head Start regulations and policies.
- 1.4 The Grantee provides staff with information and training about the underlying philosophy and goals of Head Start and the program options being implemented (especially at staff orientation).
- 1.5 The Grantee provides training or orientation to Early Head Start and Head Start governing body members (see [Policy ID 50011 \(PG\) Program Governance Training](#)).
- 1.6 The Grantee provides orientation and ongoing training to Early Head Start and Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively (see [Policy ID 50011 \(PG\) Program Governance Training](#)).

2.0 Required Training

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- 2.1 The program provides training for all governing body, Policy Council, management, and staff who determine eligibility on applicable Federal regulations and program policies and procedures.
- a) At a minimum, eligibility training:
 - i) includes methods on how to collect complete and accurate eligibility information from families and third party sources;
 - ii) incorporates strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and
 - iii) explains program policies and procedures that describe actions taken against staff, families, or participants who intentionally attempt to provide or provide false information.
 - b) The program provides training for management and staff members who make eligibility determinations as soon as possible, but within 30 days of hiring new EREA staff and after the initial training has been conducted.
 - c) The program provides training for all governing body and Policy Council members within 180 days of the beginning of the term of a new governing body or Policy Council member after the initial training has been conducted.
 - i) After the initial training is conducted, the program holds additional training during pre-service and in-service.

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- Policy ID 910 (HR/PP) Webinar Training

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	10 days prior to webinar date		
Evaluation:	Sign-In Sheets		
Forms:			
Former Policies:			

Performance Objective: Head Start and Early Head Start employees and parents are encouraged to participate in webinar training to increase professional knowledge, skills, and abilities to fulfill job and credentialing responsibilities.

1.0 Webinar Training

- 1.1 Any Head Start or Early Head Start staff who identifies a potential webcast submits training details to the Program Manager for approval of time to attend webinar.
- 1.2 If approved by the Program Manager identifies and schedules the appropriate room for the webcast.
- 1.3 The Program Manager notifies the IT department of the webcast and provides all information pertinent to the webcast.
- 1.4 The IT department ensures that all appropriate equipment is set up and the webcast is ready to proceed at the designated time and location.
- 1.5 The Program manager sends out e-mails to all appropriate staff alerting them of the webcast.
- 1.6 The staff attending provide proof of attendance, download agenda, handouts, Power Points, etc. for the webcast, and submits to Program Manager.
- 1.7 The Administrative Assistant enters all participant training information and documentation into the electronic record-keeping system upon completion of the webcast.
- 1.8 The Program Manager files the certificate of participation in the employee file.

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-- Policy ID 912 (HR/PP) Training and Technical Assistance (T/TA) by the Grantee

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Tracking of T/TA requests		
Forms:			
Former Policies:			

Performance Objective: The Grantee provides training and technical assistance (T/TA) to programs with compliance and system issues, by means of procedural clarification, guidance, preparation, and instructions for program improvement.

1.0 Training and Technical Assistance (T/TA)

- 1.1 When Program Management determine a need for program T/TA, they contact the Head Start Program Specialist assigned to the program to discuss training needs.
- 1.6 The Head Start Program Specialist assigns staff to provide and/or facilitate the T/TA based upon recommendations.
- 1.7 Where applicable, assigned staff complete the T/TA.
- 1.9 Upon completion of the T/TA, assigned staff complete the *raining/Technical Assistance Action Form* and submit it to the Head Start Program Specialist

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- Policy ID 914 (HR/PP) Employee Assistance Plan (EAP)

Related Regulations:	2 CFR 220 App A J 16 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Documentation in employee file		
Forms:			
Former Policies:	Personnel Handbook		

Performance Objective: The Grantee provides for personal and professional counseling for Head Start and Early Head Start employees and encourages its delegate agencies to provide the same.

1.0 Employee Assistance Plan (EAP)

- 1.1 Employees may access the Employee Assistance Program at any time with concerns, for example, related to mental health, productivity, work performance, etc.
- 1.2 The basic purpose of the Employee Assistance Program is train and/ or motivate an employee toward healthy, committed and productive behavior.
- 1.3 Any Head Start or Early Head Start employee desiring personal or professional counseling, or a Supervisor or Manager wishing to refer staff, may request EAP from the Human Resources Director via conversation, phone call, e-mail, letter, etc.
- 1.4 To ensure confidentiality, the employee consults the Grantee EAP provider directly to arrange services.

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- Policy ID 916 (HR/PP) Confidentiality of Files

Related Regulations:	<see 1303.21 >		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	HR08 Child and Family Confidentiality; HIPPA Policy		

Performance Objective: Efforts are made to insure the security and confidentiality of personnel, children's, and family files.

1.0 Confidentiality of Files

- 1.1 Confidentiality is strictly enforced.
- 1.2 The confidentiality concerning information about the child, family or staff members is closely observed.
- 1.3 Any employee, volunteer or consultant who violates the Confidentiality Policy may be disciplined or removed from the program.
- 1.4 Confidentiality of files and the information contained therein is ensured via:
 - a) Files are kept under lock and key and/or under secure, password-protected electronic record-keeping system.
 - b) Only authorized staff members may access child and family files.
 - c) Staff are trained in how to maintain confidentiality.
 - d) The sharing of information with community partners is done in accordance with this Confidentiality policy.
- 1.5 See also [Policy ID 800 \(MSP\) Confidentiality - Locked Files and Appropriate Handling of Records](#).

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- Policy ID 919 (HR/PP) Change of Contact Information

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
			Approval Date
Responsibility:	Program Manager		
Timeline:	As applicable		
Evaluation:	Employee files		
Forms:			
Former Policies:			

Performance Objective: All employees are required to advise the program of any change in name, address, phone number, or e-mail address.

1.0 Change of Contact Information

- 1.1 When contact information changes, the employee fills out the *Employee Change in Contact Information Form* and submits it to Head Start Administrative Assistant and to Human Resources staff.
- 1.2 The Head Start Administrative Assistant and Human Resources staff records the updated information and files it in Personnel file.

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- Policy ID 920 (HR/PP) Child Care Policy for Head Start Department Employees

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/27/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Head Start Employee Handbook		

Performance Objective: The program does not provide for child care for the children of program staff in order for employees to fulfill their job duties.

1.0 Child Care Policy for Employees

- 1.1 The program does not provide or make arrangements for on-site child care of employee's children so that employees can fulfill their job duties.
- 1.2 Employees must meet the same eligibility requirements as other parents.
- 1.3 Employees who meet the eligibility requirements must follow the same policies and procedures as other parents.
- 1.4 Head Start and Child Care employees generally cannot be the teacher or assistant in their child's classroom.
Kaysha see employee work rules for verbiage.
- 1.5 Child Care is available occasionally; for example, in the evening during membership meetings, etc. The Program Manager must authorize in advance.

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- Policy ID 925 (HR/PP) RR Dress Code

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	PP09 Head Start and Child Care Dress Code		

Performance Objective: All employees are expected to present a professional image to the program, its participants, and the public.

1.0 Dress Code

- 1.1 Employees are expected to utilize good judgment in determining their dress and appearance. Employees who report to work inappropriately dressed will be sent home, without pay, and directed to return to work in proper attire.
- 1.2 All employees are expected to observe good habits of grooming and personal hygiene. Employees should dress appropriately and professionally, according to the requirements of their positions. If there are any questions as to what constitutes proper attire within a given program, the employee’s supervisor or Head Start Program Manager should be consulted.
- 1.3 The following dress code standards are an overview and guide:
Due to the fact that all staff in the Redding Rancheria Head Start and Child Care program are role models, not only for the children, but also for their parents the dress standard is especially important. In addition to the Redding Rancheria Personnel Policy pertaining to dress code the following shall apply to all Head Start and Child Care staff:
 - a) Short shorts are prohibited. Bermuda shorts must be no more than one inch above the knee.
 - b) Plunging necklines and bare shoulders are prohibited. Tank tops with clear straps, spaghetti straps or sport straps are prohibited. Sheer tops over spaghetti straps or clear straps is likewise prohibited. Standard tank tops are permissible provided they do not have a plunging neck or back and provided bra straps are covered.
 - c) “Pajama wear” is prohibited. Clothing that resembles sweat pants, pajama bottoms, slips, camisoles or other undergarments are prohibited.
 - d) Gym wear and work out clothing is considered not appropriate and is prohibited.
 - e) Body piercings are to be removed when on duty with children.
 - f) Inappropriate tattoos are to be covered.
 - g) Shoes and sandals must have a back strap that prevents the shoe from sliding off.
 - h) Clothing that is always considered inappropriate for work include:
Torn, worn or faded jeans
Blouses or tops with plunging necklines or cropped off above the waist
T-shirts and sweatshirts or other clothing with inappropriate logos

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Skirts and shorts that are 4 inches above the knee or more

Spandex tops or skirts

Rubber or similar type things (flip flops)

- i) Jewelry must be safe for the work being performed, especially around children.

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- Policy ID 926 (HR/PP) Drug Free-Tobacco Free Workplace

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Employee Handbook		

Performance Objective: The unlawful manufacture, distribution, dispensing, possession, or use of alcohol or a controlled substance is prohibited in the workplace.

1.0 No Illegal Drugs

1.1 No employee or volunteer shall unlawfully manufacture, distribute, dispense, possess, or use any controlled substance, or be under the influence of any unlawful controlled substance or any alcoholic beverage, while on Head Start or Early Head Start premises, during work hours or while performing any job-related activity, whether on or off Head Start premises.

a) For the purposes of this policy, the term “controlled substance” is defined as any substance included on Schedules I through V of the Federal Controlled Substances Act.

b) An “unlawful” controlled substance is defined as any controlled substance that cannot be obtained legally or that, although available legally, has been obtained illegally.

c) This policy does not prohibit the use or possession of a controlled substance in accordance with a valid medical prescription issued by a licensed physician; however, employees are required to disclose to the program the use of any prescribed drug that may impair the employee’s ability to perform his/her job safely and effectively.

2.0 No Alcohol Consumption On Site

2.1 Consumption of alcoholic beverages in or on a Head Start or Early Head Start site is prohibited.

3.0 Violations

3.1 Any violation of this policy by an employee may result in requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program or disciplinary action up to and including termination. See Redding Rancheria Personnel Policies:

4.0 Employee Assistance

4.1 The Employee Assistance Program is available for employees with problems that interfere with job performance, including substance abuse and other behavioral and personal problems.

a) See [Policy ID 914 \(HR/PP\) Employee Assistance Plan \(EAP\)](#).

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b) Employees are encouraged to seek assistance for a substance abuse problem voluntarily before their employment is jeopardized.

c) An employee will not be disciplined because of a voluntary request for assistance for an alcohol or drug problem.

i) However, seeking assistance or raising any claim related to substance abuse does not relieve an employee of his or her responsibility to meet the program's performance, safety, or attendance standards, does not relieve an employee of responsibility to adhere to this policy, and does not insulate the employee from discipline for reasons other than seeking assistance for an alcohol or other drug problem.

5.0 Requirement

5.0 Employees are required to inform the Director of Human Resources of any criminal drug statute conviction for a violation occurring at the work place within five days after such conviction.

6.0 Privacy and Confidentiality

6.1 In implementing and administering this policy, the program respects the legitimate privacy and confidentiality concerns of its employees.

7.0 Enforcement

7.1 The Human Resources Director is responsible for coordinating the implementation and enforcement of this policy. All questions concerning the policy should be directed to this office.

8.0 Compliance

8.1 Every employee must comply with the policy in order to insure his or her own safety and the safety of other employees, participants and visitors. In order to ensure compliance with the policy, the program may take one or more of the following steps:

a) Conduct urine or blood screening tests for drugs and alcohol when the program reasonably believes an employee is in possession or working under the influence of alcohol or illegal drugs, or in any other way abusing controlled substances in the workplace, and suspend the employee without pay pending the results of an investigation.

b) Examine property under the control of an employee when the program reasonably believes that alcoholic beverages or illegal drugs are present.

c) Gather from an employee any alcoholic beverages or illegal drugs, and where appropriate, deliver such items to law enforcement authorities.

8.2 Compliance with this Drug Free Workplace Policy is a condition of employment.

a) Any employee who violates any aspect of the policy is subject to discipline up to and including immediate termination.

b) Depending on the circumstances, special consideration may be given to any employee who voluntarily comes forward before any disciplinary action or investigation occurs and requests a Leave of Absence in order to participate in a drug or alcohol rehabilitation program.

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- i) Upon successful completion of the program, this employee will be reinstated to his/her former position or one similar to it, if available.
- ii) Upon reinstatement, however, this employee will be required to consent to random testing for a period of six months.

9.0 Refusal to Cooperate

9.1 An employee's refusal to cooperate with an investigation, including a refusal to consent to testing, when there is reason to believe the employee has violated this policy, will require the program to make decisions regarding continued employment based upon whatever information is available to the program upon conclusion of the investigation, and refusal to cooperate may itself be grounds for termination of employment.

10.0 Drugs to Be Tested

10.1 The program will provide for the testing of the drugs on the following list as part of the pre-employment physical, and in any reasonable suspicion testing:

- a) Cocaine
- b) Amphetamine
- c) Methamphetamine
- d) Opiates such as heroin, codeine and morphine
- e) Phencyclidine or PCP
- f) THC (marijuana)
- g) Propoxyphene
- h) Methadone
- i) Barbiturates
- j) Benzodiazepines

This list may change from time to time at the discretion of the program.

2.0 Smoke Free Workplace

2.1 The Pro-Children Act of 1994, 20 U.S.C. 6083 prohibits permitting any person to engage in the smoking of tobacco products in an enclosed space at a place of employment and Head Start/Early Head Start programs prohibit smoking at all times in all space utilized by the program.

- a) This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, outdoor play areas, and vehicles used for transporting children.

2.2 This policy prohibits smoking in all indoor or enclosed areas and locations on the program's premises, including restrooms.

- a) Employees who wish to smoke must limit their smoking to break and meal periods, outside of the work premises.

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- 2.3 For buildings that are shared with other occupants, steps are taken to reduce children's exposure to smoke from other sources in the building.
- 2.4 "Smoke-Free Zones" around the Head Start/Early Head Start sites are established.
- 2.5 Violation of this policy by employees is grounds for disciplinary action, up to and including termination.
- 2.6 Violation of this policy by program staff may result in heavily imposed fines.

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- Policy ID 929 (HR/PP) Employees as Recipients of Grantee/Program Services

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Employee Handbook		

Performance Objective: The Grantee provides employees with a uniform mechanism with which to become participants of the programs that are under its jurisdiction.

1.0 Employees as Recipients of Grantee/Program Services

- 1.1 An employee who wants to enter a program other than the one that he/she is currently employed in must meet the applicable eligibility requirements for that program.
- 1.2 An employee who wants to enter the program in which he/she is currently employed must obtain supervisory approval as part of the eligibility process and safe guards.
 - a) If the employee is a current supervisor in the program, then the Education Director of the program must be involved in establishing eligibility to ensure fair admittance procedures.
 - c) Full limits of confidentiality are adhered to in order to protect the privacy of the employee.
- 1.3 An employee may not work directly in the classroom in which his/her child is enrolled without the approval of the Program Manager and Education Director.

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- Policy ID 933 (HR/PP) Gift Acceptance

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: Gift acceptance and solicitation of goods is prohibited in accordance with these procedures.

1.0 Gift Acceptance Discouraged

- 1.1 Employees discourage receiving personal gifts and do not accept any gift or other valuable things offered in the course of work or in connection with it when such a gift is given in the hope or expectation of receiving a favor or better treatment than accorded other persons.
- 1.2 Employees shall not accept nor receive money in the form of tips or rewards for services rendered.
- 1.3 Solicitation of funds from employees or the public is not permitted with the exception of parent fundraising.
- 1.4 Employees desiring to solicit or to have someone else solicit, either directly or indirectly, money or materials of any kind, including prizes, for the purpose of assisting in the promotion of any program area or activity must secure approval from the Head Start/Early Head Start Program Manager before starting such solicitation.
- 1.5 Gifts of a nominal value <(i.e., less than \$25)> from program participants may be accepted by program staff without reprisal.
- 1.6 Violation of this gift acceptance policy will result in disciplinary action, up to and including termination.

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- Policy ID 934 (HR/PP) Layoff

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Kaysha check with current policy		

Performance Objective: Efforts are made to maintain employees; however, there may occur circumstances under which employees are laid off.

1.0 Layoff

1.1 Grounds for layoff include:

- a) Position becomes unnecessary;
- b) Reasons of economy;
- c) Lack of work;
- d) Lack of funds; and/or
- e) Other reasons determined by the governing body for abolishing the position.

1.2 Sequencing of employees for layoff is ordered.

1.3 Layoff sequencing may be displaced by class levels.

1.4 Employees with higher seniority displace employees with less seniority.

1.5 An employee's seniority is determined by length of service with the Grantee/Program.

1.6 Permanent employees may appeal from the application of layoff rules.

1.7 Trainee and fixed term position incumbents may be separated.

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- Policy ID 939 (HR/PP) Licensure, Registration, Certification, and Professional Liability Insurance

Related Regulations:	1302.23 d; 1302.91 e 8 i and ii		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	<proof of license, registration, certification>		
Forms:			
Former Policies:			

Performance Objective: The program ensures that where licensure, registration and/or certification is required by law, they are maintained and updated as the state and/or Federal regulations demand.

1.0 Licensure, Registration, Certification

- 1.1 It is the responsibility of the program where licensure, registration and/or certification is required by law to ensure that said licenses, registrations and/or certifications are maintained and updated as the state and/or Federal regulations demand. **This applies to consultants as well as employees who require licensure.**
- 1.2 It is the responsibility of the employee and the Human Resources Department to ensure that, upon employment, each employee possesses a valid license, registration and/or certification as prescribed by the appropriate state or Federal regulation as applicable.
- 1.3 In the event that the required said document described above is not renewed, or no evidence of application for renewal was produced prior to the expiration date, the employee will be counseled and given 30 days to produce evidence of renewal or in process paperwork.
 - a) If this process has not been completed at the end of this time frame, the employee will be moved back to the appropriate pay grade and step level coinciding with the current qualifications according to <current wage scales>. Kaysha check on this with Don
- 1.4 In the event that certain certifications are not renewed, the employee may need to be placed on suspension and unable to remain at the work site due to the nature of the restrictions regulated by law.

2.0 Proof of License

- 2.1 Applicants for positions requiring professional licenses must submit written proof of license to the Human Resources Department when applying for the job.
 - a) The Human Resources Department has the responsibility of verification and filing.
- 2.2 Once hired, the employee submits proof of renewal prior to the expiration date to the Human Resources Department to continue as an employee in good standing.
 - a) The Human Resources Department documents and files each renewal.
- 2.3 Requirements for proof of professional license applies to regular staff as well as to contract staff, consultants, and volunteers.

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3.0 Professional Liability Insurance

- 3.1 Once the <JobTitle: Human Resources team> has verified the above, they initiate professional liability insurance coverage for the new employee or ensure proper coverage for renewed licenses.
- 3.2 The amount of professional liability coverage required is usual and customary for the area and specific to the professional field.

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Policy ID 942 (HR/PP) Employee Orientation

Related Regulations:	1302.92 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	<Employee Orientation Sign-in>; <Orientation Packet>		
Forms:			
Former Policies:			

Performance Objective: The program provides orientation for all new employees and re-hired employees.

1.0 Employee Orientation

see also

- 1.1 The orientation, which may also include parents, partners, governing body members, and Policy Council members, is held during Pre-Service.
- 1.2 Attendance at the orientation is mandatory for new and re-hired employees.
- 1.3 The purpose of the orientation is to provide identification with the program as well as education regarding policies, procedures and employee responsibilities. Topics covered in orientation include, but are not limited to, the following:
 - a) Community partners
 - b) Federal regulations and Performance Standards
 - c) Goals and underlying philosophy of Head Start and the ways in which they are implemented by the program
 - d) Introduction to the program's operations
 - e) Overview of the program
 - f) Paperwork/forms
 - g) Policies and procedures
 - h) Program areas, including program governance responsibilities
 - i) Responsibilities of employees
 - j) Safety training
 - k) Staff introductions
 - l) Standards of Conduct

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Policy ID 944 (HR/PP) Parent Preference in Hiring

Related Regulations:	1302.50 b 4		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program allows parent preference in hiring.

1.0 Parent Preference in Hiring

- 1.1 Efforts are made to ensure that parents are given preference in hiring.
- 1.2 The program creates opportunities for the career development of parents of children enrolled in Head Start/Early Head Start.
- 1.3 Opportunities for employment are created through a system identified for parents of children who are enrolled in the program.

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- Policy ID 945 (HR/PP) Pay for Attendance at Meetings/Trainings

Related Regulations:	Act 644 a 3 A		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: Specified job-related meetings and/or training sessions are compensated as time worked.

1.0 Pay for Attendance at Meetings/Trainings

- 1.1 Attendance at lectures, meetings, training sessions and similar activities directly related to the employee’s job may be compensable.
- 1.2 The training is considered directly related to the employee’s job if it is designed to make the employee handle his/her job more effectively, hence resulting in the employee becoming more efficient in the current, present job, as distinguished from training him/her for another job, or to a new additional skill.
- 1.3 Mandatory training is compensable. Training may be required by the employer, if the employer determines that safe working conditions would be adversely affected by non-attendance.
- 1.4 The determination of job-related training will be the responsibility of the Head Start/Early Head Start Program Manager, along with the designation given to which training activities are counted as working time and for which employees.
- 1.5 Employee orientation is a mandated training that is required by the program. (See [Policy ID 942 \(HR/PP\) Employee Orientation.](#))
- 1.6 Most training days that are required, and therefore compensable time, are treated as a normal day’s work (i.e., 4 hours, 6 hours, or 8 hours).
- 1.7 Travel time and/or travel expenses to the mandated training may be reimbursed if the training is held off-site and out of town. The Program Manager will determine..
- 1.8 Due to the nature of operations and funding source dollars, training is customarily limited to job-related sessions.

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Policy ID 947 (HR/PP) Comparability of Wages and Limitation

Related Regulations:	Act 653		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Paycheck documentation, employee files, wage and benefits compensation report		
Forms:			
Former Policies:			

Performance Objective: Employees are fairly compensated according to salary scales that are based on training and experience factors.

1.0 Comparability of Wages

1.1 Persons employed in carrying out programs financed under (the Head Start Act subchapter) shall not receive compensation at a rate which is:

- a) in excess of the average rate of compensation paid in the area where the program is carried out to a substantial number of persons providing substantially comparable services, or in excess of the average rate of compensation paid to a substantial number of the persons providing substantially comparable services in the area of the person’s immediately preceding employment, whichever is higher; or
- b) less than the minimum wage rate prescribed in section 6(a)(1) of the Fair Labor Standards Act of 1938.

1.2 The Secretary of HHS encourages Head Start agencies to provide compensation according to salary scales that are based on training and experience.

1.3 Notwithstanding any other provision of law, no Federal funds are used to pay any part of the compensation of an individual employed by the Head Start agency, if such compensation, including non-Federal funds, exceeds an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5, United States Code.

Act 653 b 2	...the term ‘compensation’--
Act 653 b 2 A	includes salary, bonuses, periodic payments, severance pay, the value of any vacation time, the value of a compensatory or paid leave benefit not excluded by subparagraph B, and the fair market value of any employee perquisite or benefit not excluded by subparagraph B; and
Act 653 b 2 B	excludes any Head Start agency expenditure for a health, medical, life insurance, disability, retirement, or any other employee welfare or pension benefit.

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Policy ID 948 (HR/PP) Political Activity

Related Regulations:	Act 656 b; - Part130131 see 42 USC 9850 and 9851; 5 USC 1501 et seq.; 5 CFR Part 151; 26 USC 501 c 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: Employees are cautioned that Federal and State law restricts political activities by employees of both public and private Head Start/Early Head Start grantees.

1.0 Political Activity

1.1 State law may place additional restrictions on political activities of employees of public Head Start/Early Head Start grantees.

a) Violations of some of these restrictions may carry criminal penalties.

1.2 The Head Start/Early Head Start program encourages its employees to participate fully in the democratic political process as private citizens.

a) As a Head Start funded program and recipient of Federal funds, however, the program and its employees must follow certain rules concerning political activity.

1.3 All employees, governing body members, and Policy Council members may engage in the following activities as private citizens, if conducted during non-work hours, off Head Start/Early Head Start premises, and without direct or indirect Head Start/Early Head Start financial support or identification:

a) Hold membership and office in, attend meetings of, vote in, and otherwise participate in, political parties, clubs, organizations, and conventions;

b) Participate in and manage partisan or nonpartisan political campaigns, including volunteering, writing and making speeches, writing letters, and soliciting voters;

c) Be a candidate in a nonpartisan election for public office;

d) Contribute to partisan or nonpartisan political campaigns or political parties and solicit contributions from others (but no solicitation of employees of Head Start/Early Head Start program or other Head Start Community Services Block grant programs);

e) Participate in voter registration drives; and

f) Assist in providing transportation to the polls.

1.4 In general, employees may not engage in the following political activity at any time or place, including during off-duty hours nor during leave of any type (including unpaid leave):

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- a) Be a candidate for public office in a partisan election (including primaries);
 - b) Use official authority or influence to interfere with or affect the results of an election or a nomination for office, and
 - c) Directly or indirectly coerce, attempt to coerce, command or advise an employee of the Head Start/Early Head Start program or other Head Start or Community Services Block Grant program to make political contributions.
- 1.5 The Head Start/Early Head Start program may not participate or intervene in a political campaign on behalf of or in opposition to any candidate for public office.
- a) Head Start/Early Head Start employees and volunteers, including Policy Council members, should scrupulously avoid identification of the Head Start/Early Head Start program with, or use of its funds or resources for, such activity.
- 1.6 Head Start/Early Head Start funds may not be used to make contributions to political campaigns, political parties, or political action committees.
- 1.7 No Head Start/Early Head Start employee shall, during working hours, while conducting job-related activities, or on Head Start/Early Head Start premises, plan, initiate, participate in, or otherwise aid or assist in the conduct of any unlawful demonstration, rioting, or civil disturbance.

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Policy ID 949 (HR/PP) Pre-Employment Requirements Including Health Exam

Related Regulations:	1302.93 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Documentation of health examination		
Forms:			
Former Policies:			

Performance Objective: All newly hired and rehired employees of the program are required to fill out pre-employment documents and successfully complete a pre-employment health exam/screening (applicable positions only) prior to their first day of work.

1.0 Pre-Employment Requirements Including Health Exam

- 1.1 Health examinations are given prior to the effective date of hire.
- 1.2 All newly hired employees are scheduled by the program to fill out the appropriate paperwork prior to their start date.
- 1.3 All prospective employees are required to follow these guidelines, including temporary employees and contract employees.
- 1.4 Each candidate for employment may be required to take a pre-employment health examination.
 - a) Employment may be conditional upon the results of the health exam.
- 1.5 The pre-employment health exam is conducted by a Medical Consultant or designated licensed physician who decides, based on the health standards of the position, the health qualification or disqualification of a candidate.
 - a) The prospective employee submits the doctor’s written decision to the Human Resources team.
 - b) Medical examination records are retained by the Medical Consultant or designated licensed physician and remain confidential.
- 1.6 Persons who are handicapped as defined by Federal and State laws who are otherwise qualified are considered for employment.
- 1.7 Health and fitness for duty standards are established for job classifications.
- 1.8 Head Start and Child Care employees and regular volunteers also must meet immunization requirements.
- 1.9 See also [Policy ID 93000 \(HR/PP\) Staff Health and Wellness](#).

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Policy ID 950 (HR/PP) Unlawful Activities are Prohibited

Related Regulations:	1302.93 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Documentation of health examination		
Forms:			
Former Policies:			

Performance Objective: Unlawful activities by employees are prohibited.

1.0 Limitation with Respect to Certain Unlawful Activities

1.1 No individual employed or assigned by or in the Head Start agency shall, pursuant to or during the performance of services rendered in connection with any program or activity conducted or assisted under (the Head Start Act), plan, initiate, participate in, or otherwise aid or assist in the conduct of any unlawful demonstration, rioting, or civil disturbance.

1.2 *Violation of this policy will result in disciplinary measures up to and including termination.*

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Policy ID 951 (HR/PP) Prohibited Discrimination

Related Regulations:	1302.61 a; 45 CFR Part 80; 45 CFR Part 84; 1303.11; 84.6 a 1; Act 654 a; 42 U.S.C. 9849; 42 U.S.C. 2000d (Civil Rights Act of 1964)		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Approved by:	Legal Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Legal to review this as well as HR		

Performance Objective: No person shall be appointed, promoted, disciplined, reduced, removed, or in any way favored, disfavored, or discriminated against because of political affiliation or religious or union activities, race, color, creed, national origin, sex, age, handicap, sexual orientation <check State law>, or other unlawful discrimination.

1.0 Discrimination is Prohibited

- 1.1 Employees are prohibited from discrimination.
- 1.2 The program is an Equal Opportunity Employer.
 - a) This statement appears on all public employment notices and elsewhere as appropriate.
- 1.3 A person may file a complaint of unlawful discrimination with the local Affirmative Action Officer and/or with the local authority.
- 1.4 Employees violating this policy are subject to disciplinary action up to and including termination.

2.0 Nondiscrimination on the Basis of Handicap

- 2.1 “Qualified handicapped person” means a handicapped person who meets the essential eligibility requirements for the Head Start/Early Head Start program.
- 2.2 No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the Head Start/Early Head Start program.
- 2.3 In providing Head Start/Early Head Start services, the program does not, directly or through contractual or other arrangements, on the basis of handicap:
 - a) Deny a qualified handicapped person the opportunity to participate in or benefit from the program;
 - b) Afford a qualified handicapped person an opportunity to participate in or benefit from the program that is not equal to that afforded others;
 - c) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;

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- d) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;
 - e) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to any agency, organization or person that discriminates on the basis of handicap;
 - f) Deny a person the opportunity to participate as a member of a planning, advisory body, Policy Council, or other parent group;
 - g) In determining the site or location of facilities, make selections with the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination.
- 2.4 In order to be equally effective, the services provided are not required to produce the identical result or level of achievement for handicapped and non-handicapped persons, but afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting appropriate to the person's needs.
- 2.5 No qualified handicapped person shall, because the Head Start/Early Head Start program's facilities are inaccessible to or unusable by handicapped persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination.
- 2.6 Although the program need not ensure that each Head Start/Early Head Start facility is readily accessible to handicapped persons, it ensures that, as a whole, the program is readily accessible to handicapped persons.
- a) For existing facilities, the program may do so through redesign of equipment, reassignment of classes or other services to accessible buildings, structural changes to buildings, assignment of aides to children, or any other method.
 - b) New Head Start/Early Head Start facilities must be readily accessible and useable to handicapped persons.
- 2.7 The program develops a disabilities service plan, actively recruits children with disabilities, assesses children, and develops Individualized Education Programs, as required.

3.0 Assurances Required

- 3.1 As an applicant for Federal financial assistance, the program submits an assurance, on a form specified by the Director of HHS, that the program operates in compliance with this part.
- a) These assurances may be incorporated by reference in subsequent applications to the Department.

4.0 Duration of Obligation

- 4.1 In the case of Federal financial assistance extended in the form of real property or to provide real property or structures on the property, the assurance obligates the recipient or, in the case of a subsequent transfer, the transferee, for the period during which the real property or structures are used for the purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
- 4.2 In the case of Federal financial assistance extended to provide personal property, the assurance obligates the recipient for the period during which it retains ownership or possession of the property.
- 4.3 In all other cases the assurance obligates the recipient for the period during which Federal financial assistance is extended.

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5.0 Covenants

- 5.1 Where Federal financial assistance is provided in the form of real property or interest in the property from the Department of HHS, the instrument effecting or recording this transfer contains a covenant running with the land to assure nondiscrimination for the period during which the real property is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
- 5.2 Where no transfer of property is involved but property is purchased or improved with Federal financial assistance, the recipient agrees to include the covenant described in [84.5 b 2](#) in the instrument effecting or recording any subsequent transfer of the property.
- 5.3 Where Federal financial assistance is provided in the form of real property or interest in the property from the Department of HHS, the covenant also includes a condition coupled with a right to be reserved by the Department of HHS to revert title to the property in the event of a breach of the covenant.
- a) If a transferee of real property proposes to mortgage or otherwise encumber the real property as security for financing construction of new, or improvement of existing, facilities on the property for the purposes for which the property was transferred, the Director of HHS may, upon request of the transferee and if necessary to accomplish such financing and upon such conditions as he or she deems appropriate, agree to forbear the exercise of such right to revert title for so long as the lien of such mortgage or other encumbrance remains effective.

6.0 Nondiscrimination on the Basis of Race, Creed, Color, Sex, National Origin, Political Affiliation, or Beliefs

- 6.1 On the basis of an individual's race, creed, color, sex, national origin, political affiliation or beliefs, the program does not:
- a) Provide any service which is different, or provided in a different manner, or not as effective, from that provided to others;
- b) Subject an individual to segregated or separate treatment;
- c) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service;
- d) Treat an individual differently from others in determining whether he satisfied any admission, enrollment, quota, eligibility, membership or other benefit under the program;
- e) Deny an individual an opportunity to participate in the program through the provision of services;
- f) Deny a person the opportunity to participate as a member of a planning or advisory body which is an integral part of the program;
- g) In determining the types of services which will be provided, or the class of individuals to whom such services will be provided, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, creed, color, sex, national origin, or political affiliation or beliefs; or
- h) In determining the site or location of facilities, make selections with the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination.

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- Policy ID 956 (HR/PP) Right to Privacy

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program respects the individual privacy of its employees.

1.0 Right to Privacy

- 1.1 Program-owned equipment may be subject to inspections at any time.
- 1.2 Personal belongings are only the subject of inspections in rare circumstances, such as when violations of the Standards of Conduct are suspected (see [Policy ID 90002 \(HR/PP\) Standards of Conduct](#)).
- 1.3 Although the program respects the individual privacy of its employees, an employee cannot expect privacy rights to extend to work related conduct or the use of program-owned equipment or supplies.
- 1.4 The program reserves its right to search work stations, desks, lockers and program vehicles.
 - a) In addition, briefcases, purses and other personal belongings are subject to inspections ONLY when there is reasonable cause to believe that illegal drugs, alcohol, weapons, or stolen property may be in an employee's possession.

2.0 Program's Right to Access Information

- 2.1 Although employees have individual access codes to voice mail and computer network systems, these systems are accessible at all times by the program, and may be subject to periodic unannounced inspections for program purposes.
 - a) All system pass codes (login, passwords, etc.) are available to the :Head Start/Early Head Start Program manage, and employees may not use pass codes that are unknown.
- 2.2 Systems use is restricted to program business.
 - a) Employees are expected to use the voice mail and computer network systems for program business only and not for personal purposes.
 - i) Personal purposes include, but are not limited to, soliciting or proselytizing for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations.

3.0 Forbidden Content

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3.1 Employees are prohibited from using the program's information systems in any way that may be disruptive or offensive to others, including, but not limited to, the transmission of sexually explicit messages, cartoons, ethnic or racial slurs, or anything that may be construed as harassment or disparagement of others.

4.0 Password Security and Integrity

4.1 Employees are prohibited from the unauthorized use of the access codes of other employees to gain access to their computer network systems and/or voice mail messages.

5.0 Terms

5.1 Personal or other inappropriate use of the information systems results in disciplinary action up to and including termination.

5.2 The intent of this policy is to ensure our commitment to all program employees the provision of a safe, comfortable and high quality enhanced employment atmosphere.

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- Policy ID 962 (HR/PP) Staff Assignments

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	employee files		
Forms:			

Performance Objective: Employees are expected to fulfill staff assignments as directed.

1.0 Staff Assignments

- 1.1 Staff assignments are based on employee job descriptions, with respect to current workload, and in accordance with the chain of command.
- 1.2 Staff assignments are determined by the immediate supervisors.
 - a) In the absence of immediate supervisors, staff assignments are determined by position: i.e. teachers make assignments to assistant teachers.
- 1.3 Supervisors determine assignment of other duties as necessary.
- 1.4 Employee failure to fulfill assignments may result in disciplinary action up to and including termination, in accordance with local personnel regulations.

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-Policy ID 967 (HR/PP) Union Membership

Related Regulations:	1303.11 See: HHS Administration for Children and Families Information Memorandum (ACYF-IM-HS-97-14).		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program follows the Federal and State laws pertaining to employer-employee relations.

1.0 Union Membership

- 1.1 Employees have the right to choose to join a Union.
- 1.2 The program recognizes that collective bargaining units may be selected by employees to represent certain classifications of program employees.
 - a) Employees may express their wishes to be represented, and by which organizations.
- 1.3 Representatives of the collective bargaining unit provide literature and information regarding the services of that unit.
 - a) The collective bargaining unit provides all employees with information regarding its policy positions and activities.
- 1.4 Questions relating to policies guiding the collective bargaining process are to be directed to <local authority>.
- 1.5 Head Start/Early Head Start funds may not be used to assist, promote, or deter union organizing.
 - a) Such funds may be used, however, to seek legal advice about the program’s rights and responsibilities under the laws relating to union organizing.

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Policy ID 968 (HR/PP) Use of Facilities

Related Regulations:	1303.44		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation and monitoring		
Forms:			
Former Policies:			

Performance Objective: Program facilities are used in accordance with the regulations.

1.0 Use of Facilities

1.1 Use of program building space by private organizations is prohibited, except as provided by law for employee organizations, or as authorized by the governing body.

1.2 The Head Start/Early Head Start Program Manager is responsible for the program facilities and property used by employees under their jurisdiction.

a) In controlling and administering use of space and facilities, the Head Start/Early Head Start Program Manager ensures that employees do not introduce material which others will find objectionable or offensive for reasons such as their differing social, political, religious, or moral beliefs.

1.3 Solicitation of contributions or sale of merchandise within program buildings except for purposes authorized by the governing body is prohibited.

a) This does not include parent fundraising activities.

1.4 Restroom and lounge facilities are provided for employee use.

1.5 Parking stalls and traffic flow are marked in permanent parking areas.

a) Parking other than in designated spaces is prohibited, as is driving in directions other than as marked.

b) Handicapped parking spaces are used only for such purposes.

c) Parking areas are maintained in a clean and neat manner.

1.6 No drugs or alcohol shall be consumed in any program building, vehicle, or space or used in the conduct of program business, except as provided by special authority of the <governing body>.

a) See also [Policy ID 926 \(HR/PP\) Drug Free Workplace](#).

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Policy ID 969 (HR/PP) Use of Materials and Equipment

Related Regulations:	See 1302.31 d; 1302.47 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Observation and monitoring		
Forms:			
Former Policies:			

Performance Objective: Materials and equipment owned and/or operated by the program are used in the designated manner, comply with safety standards, and are kept in excellent condition.

1.0 Use of Materials and Equipment

- 1.1 Every employee is responsible for the safe and proper usage of program materials and equipment.
- 1.2 Materials and equipment are used only in the manner for which they are intended.
- 1.3 Materials and equipment comply with safety standards.
- 1.4 Materials and equipment are kept in excellent condition.
- 1.5 Facilities staff is responsible for having faulty equipment or materials replaced or repaired.
- 1.6 Materials and equipment owned and/or operated by the program are for program use only, and not for personal use.
- 1.7 The telephone system is provided for the use of program employees in the conduct of their assigned duties.
 - a) The telephone system is not to be used by employees or the general public for personal calls except as may be authorized by the employee’s supervisor.
- 1.8 Fax machines are available for program use.
 - a) Telephone numbers for fax machines are listed in the inter-office telephone directory.
- 1.9 Use of Computers
 - a) Employees may use program computers to conduct their work.
 - b) Employees may not use program computers for personal use.
 - c) Employees must provide their login passwords to the Head Start/Early Head Start Program Manager.
 - d) Internet and e-mail services may not be accessed for personal use during working hours.

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Policy ID 970 (HR/PP) Use of Vehicles

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program establishes policies on the use and operation of vehicles, both program owned and privately owned, in program business.

1.0 Use of Vehicles

1.1 All staff and passengers are mandated to wear seat belts.

a) Children must be secured in age and weight appropriate car seats; check CA Highway Patrol

1.2 If an employee is approved to use his or her own vehicle for work and is involved in an accident while on the job, then the employee's own insurance is primary.

a) If, for example, the employee's insurance policy covers property damage up to \$10,000 and actual damage is \$12,000 then the program will cover the additional \$2,000.

1.3 An employee involved in an accident while conducting program business must completely fill out the *Vehicle Accident Form*.

a) A listing of the names of witnesses and as much information as possible regarding the accident from other drivers and witnesses is required.

1.4 All employees using vehicles for program business must obey state transportation law.

1.5 All drivers must meet GSA and Redding Rancheria guidelines.

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Policy ID 972 (HR/PP) Wage and Salary Administration

Related Regulations:	Act 644 a 3 A		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	employee files, paycheck documentation		
Forms:			
Former Policies:			

Performance Objective: Salaries and pay scales are competitive, utilizing a uniform system for remuneration that has a consistent application throughout the program.

1.0 Wage and Salary Administration

- 1.1 Employees are paid salaries that reflect due regard to market rate in combination with internal budget requirements for job market competitiveness and job performance.
- a) Provisions of the current salary classification plan are incorporated into these policies and are applicable to all programs administered by and/or under contract with the Grantee.
 - b) All employees are paid in accordance with the Plan, unless otherwise approved.

2.0 Classification Plan

- 2.1 Salary Ranges and new positions are established after a review of the job description, comparisons with comparable positions, appropriate salary surveys, and approval by <appropriate Program Advisory Groups>.
- 2.2 Re-classification: Studies of current position titles and salary surveys are conducted on an <annual basis>, and as needed, to ensure that ranges remain competitive within the market place.
- a) Upgrades to existing ranges may occur only with the appropriate documentation to the Human Resources Director.
- 2.3 As ranges are kept current and competitive, all new hires are hired between the first step and the mid-point of the appropriate salary classification range.
- a) Only if exceptional difficulties have been encountered during recruitment, or an individual with unusually high qualifications is being considered for employment, may an individual be hired higher than the midpoint of the range, upon approval of the Human Resources Director.

3.0 Merit Increases

- 3.1 Employees who have passed the probation period are eligible for merit increases.
- a) Merit increases are awarded with a performance rating of "Satisfactory" or above at the following intervals:
 - i) At the completion of a new hire's <6 month> probationary period, and annually thereafter.

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- b) A rating of "Needs Improvement" requires a re-evaluation before merit increase happens.
 - c) A change of status results in a cycle change in the wage and salary program.
 - d) Merit increase percentage rates are reviewed and decided upon by the <governing body> with input and documentation from the Executive team on a yearly basis.
- 3.3 The first day of the first pay period in April is the date used for payroll processing of merit increases, provided that the completed performance evaluations have been successfully processed.

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Policy ID 974 (HR/PP) Identification and Reporting of Child Abuse and Neglect

Related Regulations:	1302.47 b 4 i K; 1302.47 b 5 i; Act 657A c		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Documentation of call/report to <Child Protective Services>		
Forms:			
Former Policies:	PPO2; TP8-0228 Child Abuse Reporting Policy		

Performance Objective: The program reports child abuse and neglect in accordance with the provisions of applicable tribal, state or local law.

1.0 Child Abuse and Neglect Reporting

1.1 Head Start and Early Head Start staff are mandated reporters of suspected or known child abuse/neglect. Staff must report suspicions of child abuse and/or neglect as Federal, State, and local laws and the Performance Standards require.

a) This obligation is legal and may not be transferred to someone else.

b) The program complies with applicable regulations, including 45 CFR 1301.31 Appendix A (also known as Chapter N-30-356-1 in the Head Start Policy Manual), Identification and Reporting of Child Abuse and Neglect, a portion of which is reprinted here:

i) "Harm or threatened harm to a child's health or welfare" can occur through: Non-accidental physical or mental injury; sexual abuse, as defined by Stare law; or neglectful treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services to be provided to the child, where his health requires it.

c) Staff may seek assistance from Program Management or leadership.

1.2 Staff members suspecting child abuse and neglect inform the Program Manager or designee and complete an incident form.

2.0 Program Requirements for Reporting Child Abuse

2.1 The Program Manager provides training to all Head Start and Child Care staff in identifying, reporting, and preventing potential cases of child abuse and neglect.

2.2 All Head Start and Child Care staff positions must be trained in child abuse reporting. (See also [Policy ID 907 \(HR/PP\) Training and Advancement Opportunities](#).)

2.3 Each program is required to have a written child abuse policy and reporting procedure in place.

2.4 The program's Child Abuse and Neglect Reporting Policy must be included in the program's Parent Handbook which is distributed to parents at the time of enrollment by enrollment staff.

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- 2.5 ERSEA staff inform Parents at enrollment that all Head Start and Early Head Start staff members are mandatory reporters of suspected or known child abuse and neglect.
- 2.6 The child abuse policy and procedures for reporting must be in place prior to the opening day of every program year.
- 3.12 See also [Policy ID 92000 \(HR/PP\) Training and Professional Development](#).

Redding Rancheria Child Abuse Reporting Procedures

SECTION 1: PURPOSE

This policy identifies employment positions within the Redding Rancheria qualifying as mandatory reporters, establishes a local child protective agency and local law enforcement agency for filing reports and outlines the duties of Rancheria employees in the event a minor child is suspected of having been neglected or abused. Redding Rancheria employees shall implement this policy to ensure compliance with the requirements of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et. Seq.). This policy applies to any minor child who may be a student, patient or otherwise participate in Redding Rancheria programs.

SECTION 2: BACKGROUND AND INTENT

The Redding Rancheria employs several mandated reporters in various departments who are required to report suspected child neglect or abuse.

SECTION 3: DEFINITIONS

- (a) Mandated Reporter: Means any employee, volunteer or contractor of the Redding Rancheria who, as a part of their job duties, has regular contact with or control over a child including:
- (1) Physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider,
 - (2) Teacher, school counselor, instructional aide, teacher's aide, teacher's assistant, or bus driver employed by any tribal, Federal, public or private school,
 - (3) Administrative officer, supervisor of child welfare and attendance, or truancy officer of any tribal, Federal, public or private school,
 - (4) Child day care worker, head start teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker,

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- (5) Psychiatrist, psychologist, or psychological assistant,
 - (6) Licensed or unlicensed marriage, family, or child counselor,
 - (7) A person employed in the mental health profession, or
 - (8) A law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders.
- (b) Local Child Protective Services Agency: Means the Redding Rancheria Family and Children Services.
- (c) Local Child Protective Services Agency 24 Hour Report Line: Mandated Reporters shall file reports of suspected child abuse or neglect by calling 530-242-4517 then 530-215-5334 or 530-242-4525. If a child is in immediate danger or needs medical attention the mandated reporter shall first call 9-1-1.
- (d) Local Law Enforcement Agency: Means the Shasta County Sheriff unless the child is located within the City of Redding then the Redding Police Department.
- (e) Child Abuse: Means any case in which—
- (1) A child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, and
 - (2) Such condition is not justifiably explained or may not be the product of an accidental occurrence; and
 - (3) Any case in which a child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution;
- (f) Abused Child: Is a child less than 18 years of age whose parent or other person legally responsible for his care has subjected the child to child abuse as defined above in section (e) above.
- (g) Maltreated or Neglected Child: Means a child under 18 years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:
- (1) In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial aid or other reasonable means to do so; or

- (2) In providing the child with proper supervision or guardianship; or
 - (3) By unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof; including the infliction of excessive corporal punishment; or
 - (4) By using a drug or drugs; or
 - (5) By using alcoholic beverages to the extent that he loses self-control of his actions; or
 - (6) By any other acts of a similarly serious nature requiring the aid of the Family Court.
- (h) Liability:
- (1) Mandated reporters are mandated by law to report suspected abuse and are protected from civil and criminal liability when such report is made upon reasonable belief and in good faith. This means that these persons may not be prosecuted or held personally liable, even if subsequent investigation determines that the reported abuse did not occur.
 - (2) Immunity from liability also extends to the taking of photographs and x-rays, and dissemination of these photographs with the required reports.
- (i) Penalties for Failure to Report:
- (1) It is a crime, under 18 USC 1169, for a mandatory reporter to fail to immediately report suspected abuse or neglect of children to the appropriate authorities.
 - (2) Any person, official or institution required by this title to report a case of suspected child abuse or neglect who fails to do so may face criminal sanctions, may be civilly liable for the damages proximately caused by such failure to report and may be receive corrective action as prescribed in Personnel Policy 400.

SECTION 4: DELEGATED AUTHORITY

All mandated reporters have authority and obligation to report suspected child abuse and neglect.

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES

- (a) Training for identifying and reporting Child Abuse and Neglect is required for all mandated reporters; (Annual training for identifying and reporting Child Abuse and Neglect is required for all regular Head Start and Child Care staff, including bus drivers.)
- (b) PROCEDURE: MANDATED REPORTERS: Any mandated reporter who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she reasonably suspects has been the victim of child neglect or abuse shall report such suspected instance of child neglect or abuse to the child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. If the child is in immediate danger of physical harm the mandated reporter shall first call 9-1-1 and make a full report and then call the local child protective services agency.
 - (1) The written Report of Suspected Child Abuse shall be completed by the reporting party within 36 hours.
 - (2) Mandated Reporters are not liable for either damages or criminal prosecution as a result of making such reports unless it is proven that they made false reports with malice.
 - (3) Indicators of child physical maltreatment and neglect which should lead healthcare or other personnel to consider a diagnosis of child abuse for a patient who is younger than 18 years of age include:
 - (A) An explanation of injury to a child which seems inconsistent with the nature and/or extent of injury.
 - (B) A delay in seeking medical attention for a serious injury to a child.
 - (C) Multiple injuries at different stages of healing.
 - (D) Bruises found in unexpected or in unusual places, especially when these do not match the explanation of how the injury occurred.
 - (E) Multiple and severe bruises, especially bruises which appear as if they may have been inflicted with an object, e.g. a strap, paddle.
 - (F) Fractures in bones of a child younger than six (6) months of age.

- (G) Multiple fractures at different stages of healing.
 - (H) Joint injuries secondary to twisting or pulling a child's limbs (these can be confirmed with x-rays).
 - (I) Injuries secondary to shaking, squeezing or throwing a child, e.g. internal bleeding, subdural hematoma, retinal hemorrhage.
 - (J) Cigarette burns (these may be found in unusual places and may be at different stages of healing.)
 - (K) Scald-type burns, especially if these do not match the explanation of how the injury occurred.
 - (L) Signs that the child is afraid of the parent/caregivers or other indicators that a child with injuries has a disturbed relationship with his/her caregivers.
 - (M) A history of repeated, suspicious injuries.
 - (N) Unexplained growth failure in a child, i.e. non-organic.
- (4) Evidence of neglect of a child. Such evidence may include:
- (A) Lack of adequate food, clothing and/or shelter.
 - (B) Lack of nurturing and affection, e.g., emotional neglect.
 - (C) Lack of adequate supervision which has led to serious accident involving a child.
 - (D) Statements or other indications from the child that they are being sexually molested.
- (c) PROCEDURE FOR REDDING RANCHERIA FAMILY AND CHILDREN SERVICES: Upon receiving a report of child abuse or neglect Redding Rancheria Family and Children Services will immediately begin an investigation of the report.
- (1) RRFCS will first assess if the child is in immediate need of medical attention, removal or other action to protect the safety of the child while the investigation is proceeding.
 - (2) RRFCS will then determine if the child is a member of the Redding Rancheria.
 - (A) If the child is not a member of the Redding Rancheria then Family Services will make the appropriate referral to either Shasta

County Child Protective Services or the child protective services for the child's tribe, if known.

- (B) If the child is a member of the Redding Rancheria, Children and Family Services will investigate the merits of the report and review with the Legal Department for possible Tribal Court Action.
- (C) If, with consultation with the Legal Department, it is determined that there is any evidence of criminal acts having been perpetrated against the child RRFCS shall call the local law enforcement agency and make a report followed by a written report within 36 hours.

SECTION 6: EMPLOYEES AS NAMED SUSPECTED PERPETRATORS

- (a) In the event the reported incident or suspicion of abuse involves an employed Redding Rancheria staff person or volunteer, the following steps will occur within 24 hours:
 - (1) Redding Rancheria Staff members and volunteers who work with children are required to notify their department head if they have been named as a suspected perpetrator of child abuse or neglect.
 - (2) The Department Head will immediately inform the HR director.
 - (3) Any staff member who is the named suspected perpetrator in an ongoing Child Protective Services investigation will be suspended with pay or reassigned to a work assignment not involving children, until such allegations have been cleared or substantiated.
 - (4) Reinstatement of the program volunteer or employed staff person will occur only after all allegations have been cleared to the satisfaction of the Human Resource Director.
 - (5) All Redding Rancheria staff shall maintain confidentiality in the reporting of suspected child abuse or neglect. Discussion of the incident could occur only with those directly involved. Staff or others may not contact children or parents involved in the alleged child abuse incident.
- (b) The Redding Rancheria will cooperate fully with all agencies involved in the investigations and will strive to protect the safety of the children involved as well as the confidentiality of the suspected perpetrator, the reporter, and the victims.

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Legislative History:

Originally Adopted by Tribal Council Resolution #060-10-09-12, dated October 9, 2012.

Amended by Tribal Council Resolution #029-04-14-15, dated April 14, 2015.

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~Policy ID 975 (HR/PP) RR Child-Adult Interaction and Touch

Related Regulations:	1302.47 b 4 i K; 1302.47 b 5 i; Act 657A c		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Documentation of call/report to <Child Protective Services>		
Forms:			
Former Policies:	HR12 Child-Adult Interaction and Touch		

Performance Objective: The program ensures appropriate interaction and touch.

1.1 Definitions:

1.2 Interactions between children and adults provide opportunities for children to build trust, to develop an understanding of self and others, and to encourage respect for the feelings and rights of others. All interactions between children and adults will be respectful and supportive of each child's gender, culture, language, ethnicity and family composition.

1.3 Positive touch is an important part of healthy brain development in your children. Touch reduces stress, aids in healthy emotional development, and demonstrates love for the children in our care. Appropriate touch is defined as non-intrusive and causing no feelings of discomfort or confusion for children. Such contact should also not cause feelings of discomfort or confusion to the caregivers. Each child should be allowed to determine what kinds of touches he or she finds acceptable.

2.0 Procedures:

- a) Adults will greet each child to acknowledge that they belong in the classroom
- b) Adults will actively listen to children and observe non-verbal communication
- c) Adults will physically place themselves at the child's eye level while interacting
- d) Adults will encourage children to talk about their feelings.
- e) Adults will use language and materials free from ethnic and gender bias.
- f) Adults will stimulate critical thinking skills and cognitive concepts by using open-ended questioning, modeling and other appropriate communication strategies.
- g) Adults will demonstrate respect and caring for children in all interaction, giving reinforcement for children's efforts.
- h) Staff will make every effort to include persons in the classroom who speak the primary language of each child and are knowledgeable about their culture.

3.0 Additional Guidelines for staff and volunteers:

- a) Physical contact is valuable to children. Let the child lead in showing you what kind of touch is acceptable to him or her.
- b) In general, avoid using touch with children if you're the only supervising adult. If possible, have another adult present.
- c) Ask permission before touching children. If the child says no, then refrain from hugging him/ her. Be aware that a child may be uncomfortable saying no to an adult. Read the child's body language to gauge the child's comfort level.
- d) Try to touch non-vulnerable body parts only, such as the shoulders, back, arms and hands. Likewise, avoid vulnerable body parts, such as the chest and genitals. Be aware of the cultural considerations when touching children. What is acceptable in some cultures is prohibited in others. Again, let the child lead.
- e) If you must touch a child's vulnerable areas, such as during diapering, tell the child which parts you are touching and why. Use the proper names for body parts.

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- f) Be aware of the child's activity level and do not interrupt the child's engaged play with touch.
- g) Understand that a child's need for physical contact varies individually. Get to know each child and determine what kind of touch is appropriate.
- h) It is not appropriate for teachers or other staff to kiss children.
- i) Friendliness and affection are very important attributes in our Head Start / Child Care program, and must be handled tactfully and within the established and accepted norm. If children consent, do hug them often, but do not hold children on your lap overly long, or single out one child for your affection. Be warm and friendly to all children.
- j) Unless there is a physical disability, preschool age children should be able to move their bodies from place to place. Staff should refrain from pushing, pulling, rolling, picking up or carrying children.
- k) Staff should refrain from gripping children's wrists and upper arms to propel them in a certain direction and/or to refrain them from running. Such holds should be used only in emergencies.
- l) Staff should refrain from laying down with children

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~Policy ID 976 (HR/PP) RR Sexual Offender Policy

Related Regulations:	1302.47 b 4 i k; 1302.47 b 5 i; Act 657A c		
Revised by:	Diane Coe, Program Manager	Revision Date:	02/28/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Human Resources Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Documentation of call/report to <Child Protective Services>		
Forms:	-0231		
Former Policies:	PP13/ TP8-0231 Sexual Offender Policy		

Performance Objective: The program ensures the safety of children.

SECTION 1: PURPOSE

The Redding Rancheria Head Start Program is entrusted by the parents of all its students to maintain a safe school environment. In an effort to fulfill its obligation to protect the emotional and physical well-being of students and staff, any convicted sexual offender or any person who is a registered sexual offender, shall not be permitted upon those grounds designated for Head Start use.

SECTION 2: BACKGROUND AND INTENT

The Redding Rancheria operates a Head Start Program under contract with United States Department of Health and Human Services. Health and Human Services regulations (45 CFR § 1301.32) and the Indian Child Protection and Family Violence Prevention Act requires that sexual offenders, and certain other violent offenders, be excluded from volunteering and employment within Head Start Programs if such volunteering or employment would allow regular contact with children. The intent of this policy is to further advance the protections for Redding Rancheria Head Start students by prohibiting parents, guardians and other relatives who are sexual offenders from entering Head Start grounds while children are present.

SECTION 3: DEFINITIONS

- (e) Tribe: The term “Tribe” as used in this policy shall mean the Redding Rancheria.
- (f) Tribal Council: The term “Tribe Council” as used in this policy shall mean the duly elected governing body on the Redding Rancheria.
- (g) CEO: Is the CEO of the Redding Rancheria.
- (h) Head Start Program: Means the Redding Rancheria Head Start and Child Care Program.
- (i) Head Start Grounds: The term “Head Start Grounds” as used in this policy shall mean all those lands located at 1950 Redding Rancheria Road set aside by the Redding Rancheria for use by the Redding Rancheria Head Start and Child Care including but not limited to the Head Start building and fenced areas.
- (j) Sexual Offender: The term “Sexual Offender” as used in this policy means any person convicted in a court of competent jurisdiction of an offense involving sexual abuse or sexual assault and any person whose name appears on the registry of sexual offenders in any state, territory or country.

SECTION 4: DELEGATED AUTHORITY

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The Chief Executive Officer (CEO) is hereby delegated all administrative authority to carry out this policy. Such authority shall include but not be limited to:

- (a) Adopting application forms for parents which advise parents that they are prohibited from entering Head Start grounds if they are convicted sex offenders or are on any state or federal registry of sex offenders; and
- (b) Designating procedures for regulating when and where parents, who are convicted sex offender, or on a sex offender registry, may pick up their child who is a student at Redding Rancheria Head Start or Child Care Center that is at a location that is not within Head Start Grounds.
- (c) Delegating such duties to the Head Start Director, or other staff, as the CEO deems appropriate.

SECTION 5: SEXUAL OFFENDERS ON HEAD START GROUNDS

- (a) It is the policy of the Redding Rancheria that no Sexual Offender, as defined herein, is permitted entry upon Head Start Grounds, for any purpose when children are present.
- (b) This policy does not prohibit the parent of a Head Start student from participating in services offered to Head Start families at their homes.
- (c) The Head Start Director or his/her designee shall check the names of all emergency contacts, listed for each child by their parent or guardian, to ensure that such person is not listed on the sexual offender registry for any state, territory or country.
- (d) No person whose name appears on the registry of sex offenders for any state, territory, or country shall knowingly be permitted upon Head Start Grounds.
- (e) The Head Start Program shall include the following language on its application for acceptance into the Head Start Program:

By signing this application I am certifying that I will not knowingly bring any person onto the Head Start Grounds whom I know or have reason to suspect is a convicted sexual offender, is under investigation for committing a crime against a child or is on the sexual offender registry of any state, territory or country. I understand that violating the terms of this agreement may subject my child to being ineligible to participate in Redding Rancheria Head Start.

SECTION 6: REVIEW

The CEO shall review this policy each year and shall such make recommendations, if any, for its amendment as appropriate for the effective administration hereof.

Legislative History:

Originally Adopted by Tribal Council Resolution #066-10-27-15, dated October 27, 2015.

1302 Subpart J—Program Management and Quality Improvement (PMQI)

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Policy ID 10000 (PMQI) Program Management and Quality Improvement

Related Regulations:	1302.101		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Monitoring reports		
Forms:			
Former Policies:	MG09/ TP8-0216 Program Self-assessment and Monitoring; QI01 Deficiencies and Quality Improvement Plans		

Performance Objective: The program provides management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

1.0 Management System

1.1 The program implements a management system that:

- a) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of 1302;
- b) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;
- c) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of 1302; and,
- d) Maintains an automated accounting and record keeping system adequate for effective oversight.

2.0 Coordinated Approaches

2.1 At the beginning of each program year, and on an ongoing basis throughout the year, the program’s designed and implemented program-wide coordinated approaches ensure:

- a) The training and professional development system, as described in §1302.92, effectively supports the delivery and continuous improvement of high-quality services (see [Policy ID 92000 \(HR/PP\) Training and Professional Development](#));
- b) The full and effective participation of children who are dual language learners and their families, by:
 - i) Utilizing information from the program’s community assessment about the languages spoken throughout the program service area to anticipate child and family needs;
 - ii) Identifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in §1302.53 a (see [Policy ID 71000 \(FCE\) Community Partnerships and Coordination with Other ECE Programs](#)); and,
 - iii) Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships

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with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.

c) The full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act (see [Policy ID 72000 \(DS\) Additional Services for Children with Disabilities](#)); and,

d) The management of program data to effectively support the availability, usability, integrity, and security of data.

e) The program has established procedures on data management, approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws.

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Policy ID 10102 (PMQI) Achieving Program Goals

Related Regulations:	1302.102		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	MG03/ TP8-0213 Program Planning; Approval of Short and Long Term Goals		

Performance Objective: The program in collaboration with the governing body and policy council, establishes goals and measurable objectives.

1.0 Achieving Program Goals

1.1 The goals and measurable objectives include:

- a) Strategic long-term goals for ensuring the program is and remains responsive to community needs as identified in their community assessment as described in 1302.10 through 1302.18;
- b) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children (see [Policy ID 1300 \(PDM\) Comprehensive Child Development Services](#));
- c) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the requirements of 1302.10 through 1302.16 (see [ERSEA](#) policies); and,
- d) Effective health and safety practices to ensure children are safe at all times, per the requirements in:
 - §1302.47 (see [Safety Practices](#))
 - 1302.90 b (see [Policy ID 90001 \(HR/PP\) Background Checks and Selection Procedures](#))
 - 1302.90 c (see [Policy ID 90002 \(HR/PP\) Standards of Conduct](#))
 - 1302.92 c 1 (see [Policy ID 92000 \(HR/PP\) Training and Professional Development](#))
 - 1302.94 (see [Policy ID 94000 \(HR/PP\) Volunteers](#)) and
 - 1303.70 through 1303.75 (see [Transportation](#) policies).

2.0 Monitoring Program Performance

2.1 In order to ensure effective ongoing oversight and correction, the program has established and implements a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations and:

- a) Collects and uses data to inform this process;

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- b) Corrects quality and compliance issues immediately, or as quickly as possible;
- c) Works with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,
- d) Implements procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.

3.0 Ongoing Assessment of Program Goals

3.1 The program effectively oversees progress towards program goals on an ongoing basis and annually does:

- a) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under 1302.102 a, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;
- b) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,
- c) Submit findings of the self-assessment, including information listed in 1302.102 b 2 i to the responsible HHS official.

4.0 Using Data for Continuous Improvement

4.1 The program implements a process for using data to identify program strengths and needs, develops and implements plans that address program needs, and continually evaluates compliance with program performance standards and progress towards achieving program goals described in paragraph 1302.102 a.

- a) This process:
 - i) Ensures data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;
 - ii) Ensures child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except when the program operates fewer than 90 days, and used with other program data described in 1302.102 c 2 iv to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services; and,
 - iii) When the program operates fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in 1302.102 c 2 iv to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;
 - iv) Uses information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,
 - v) Uses program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.

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5.0 Reporting

5.1 The program submits:

a) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;

b) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum:

- i) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;
- ii) Incidents that require classrooms or centers to be closed for any reason;
- iii) Legal proceedings by any party that are directly related to program operations; and,
- iv) All conditions required to be reported under §1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

5.2 Annually, the program publishes and disseminates a report that complies with section 644 a 2 of the Act and includes a summary of a program's most recent community assessment, as described in §1302.11 b, consistent with privacy protections in 1303.20 through 1303.24.

5.3 If the program has had a deficiency identified, it submits to the responsible HHS official, a quality improvement plan as required in section 641A e 2 of the Act.

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Policy ID 10103 (PMQI) Implementation of Program Performance Standards

Related Regulations:	1302.103		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Monitoring		
Forms:			
Former Policies:	MG01; MG 02/ TP8-0212 Head Start Service Implementation and Integrated Work Plan		

Performance Objective: The program implements a program-wide approach for the effective and timely implementation of the changes to the program performance standards, including the purchase of materials and allocation of staff time, as appropriate.

1.0 Implementation of Program Performance Standards

1.1 The program’s approach to implement the changes included in parts 1301 through 1304 ensures adequate preparation for effective and timely service delivery to children and their families including, at a minimum, review of community assessment data to determine the most appropriate strategy for implementing required program changes, including assessing any changes in the number of children who can be served, as necessary, the purchase of and training on any curriculum, assessment, or other materials, as needed, assessment of program-wide professional development needs, assessment of staffing patterns, the development of coordinated approaches described in §1302.101(b), and the development of appropriate protections for data sharing; and children enrolled in the program on <11/5/2016> are not displaced during a program year and that children leaving Early Head Start or Head Start at the end of the program year following <11/5/2016> as a result of any slot reductions received services described in §§1302.70 and 1302.72 to facilitate successful transitions to other programs.

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Policy ID 11111 (PDM) Ongoing Monitoring of Head Start and Early Head Start

Related Regulations:	<i>1304.51 i 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	04/13/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Three times per year and ongoing		
Evaluation:	Monitoring Reports; Quality Improvement Plans		
Forms:			
Former Policies:	MG09/ TP8-0216 Program Self-assessment and Monitoring; QI01 Deficiencies and Quality Improvement Plans		

Performance Objective: The Grantee establishes and implements these procedures for ongoing monitoring of Head Start and Early Head Start services at the Grantee and program level to ensure effective implementation of Federal regulations and other requirements.

1.0 Ongoing Monitoring of Head Start and Early Head Start

1.1 Quarterly, Program Coordinators in each service area send Program Reports (ongoing status reports) to the Head Start Program Manager that detail the program's progress in meeting its goals.

1.2 The Program Manager reviews the Program Reports and uses the information in developing the Quarterly Reports.

- a) The Administrative Assistant enters the Program Reports into the Grantee electronic file.
- b) Program Management and leadership collaborate to improve the program's quality and make necessary corrections.

1.3 The measures, tools, documents, and procedures used to determine how effectively the program implements overall operations and continues to meet program goals and regulations include:

- a) Policies and Procedures Manual
- b) Forms/ Reports (including <Form:Health and Safety Screener> and <Form:30-day, 45-day, and 90-day screening forms> (health and dental)
- c) CLASS Observation monitoring tool
- d) Electronic record-keeping system
- e) Shared Program Governance
- f) Ongoing monitoring
- g) Quality Improvement Plans
- h) Fiscal In-kind reports/statements
- i) Self-Assessment reports
- j) Teaching Strategies GOLD (TS GOLD)

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k) Other measures, tools, documents, and processes as applicable

1.4 Program Management is accountable for corrective action and program improvement plans.

1.5 The Head Start Program Manager promptly informs Tribal Council and Policy Council of potential areas of non-compliance and areas of non-compliance identified in the monitoring review. Council input is sought in setting priorities, developing plan (including timetables for addressing problems).

1.6 The Head Start Program manager is required to report monitoring findings and follow up results to their governing bodies. (See [Policy ID 11112 \(PDM\) Program Monitoring Follow-up](#)).

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Policy ID 1301 (PDM) Use of Community Resources

Related Regulations:	1306.30 d; (1302.101 b 2 ii)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Throughout program year		
Evaluation:	Collaborative agreements; Effort documentation; Signature approval		
Forms:			
Former Policies:	CP01 Community Partnerships		

Performance Objective: Each program identifies, secures, and uses community resources in the provision of services to Head Start/Early Head Start children and their families prior to using Head Start funds for these services.

1.0 Use of Community Resources

1.1 The Grantee and its programs identify community resources for the provision of services to Head Start/Early Head Start children and families by means of:

- a) Using the community resource directory
- b) Calling 211
- c) Serving on local and State committees
- d) Participating in local community organization activities as appropriate.

1.2 The Grantee and its programs secure community resources for the provision of services to Head Start/Early Head Start children and families by entering into collaborative agreements, Memos of Understanding, and joint referral agreements.

1.3 The programs use community resources for the provision of services to Head Start/Early Head Start children and families by means of connecting the families to resources that best meet their needs.

1.18 Programs utilize community resources prior to using Head Start funds for these services.

1.19 See Policy ID 7104 (PFCE) Community Resources – Referrals Process

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Policy ID 1302 (PDM) School Readiness Goals (Child Outcomes)

Related Regulations:	1304.21 c 2; (1302.102 a 3)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Mentor Teacher		
Timeline:	Three times per year (Fall, Winter and Spring); Ongoing		
Evaluation:	Child Outcome Report		
Forms:			
Former Policies:	ED08 Outcome Measurements and School Readiness Goals		

Performance Objective: The Grantee’s programs are designed to promote school readiness for each enrolled child.

1.0 School Readiness Goals (Child Outcomes)

- 1.1 The Mentor Teacher’s team (comprised of parents and teachers) reviews school readiness goals annually.
- 1.2 The record-keeping and reporting systems used to manage data and generate status reports provide information on Head Start children’s progress on the required domains, elements, and indicators when they enter the program, at a midpoint in the year, and at the end of the year.
 - a) The Grantee ensures this by having its delegate and programs submit children’s assessment data three times per year, using the *Teaching Strategies GOLD* Assessment tool.
- 1.3 The Grantee provides ongoing monitoring that ensures tracking of patterns of progress and accomplishments for groups of children in the 11 domains of learning and development,³ by individualizing experiences, and generating progress reports for individual children and groups of children.
- 1.4 Three time per year the Mentor Teacher analyzes the results of the Self-Assessment, including child outcomes data on patterns of learning and development for groups of children in the 11 domains and 13 element indicators of literacy, numeracy, and language.
 - a) The information is used to address continuous improvement and to inform the Grantee’s planning process.
- 1.5 The Mentor Teacher reviews lesson plans and other tools/forms to ensure that individualization addresses the 11 domains of learning and development.
- 1.6 Center-based classrooms use the Creative Curriculum which is a research-based system that offers Teachers a comprehensive collection of resources to help them to plan and implement high quality learning experiences for all children as well as building Teacher’s professional knowledge.

³ Head Start Early Learning Outcomes Framework; <http://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/elof>

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Policy ID 1300 (PDM) Comprehensive Child Development Services

Related Regulations:	<i>1306.30; 1306.30 a-d 1302.20 b; various</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing throughout the program year		
Evaluation:	Monitoring reports		
Forms:			
Former Policies:	ED02 Child Development and Education Approach		

Performance Objective: Each program provides comprehensive child development services as stated in the Head Start Performance Standards.

1.0 Comprehensive Child Development Services

1.1 The Grantee’s programs and delegates provide classroom and group socialization activities for the child as well as home visits to the parents.

- a) The major purpose of the classroom or socialization activities is to help meet the child’s developmental needs, to promote school readiness, and to foster the child’s social competence.
- b) The major purpose of the home visit is to enhance the parental role in the growth and development of the child.
- c) See also policies in the [Education and Child Development Program Services \(ECD\)](#) section of this manual.

1.2 The facilities used by Early Head Start and Head Start programs and delegates for regularly scheduled center-based classroom activities, or Home School group socialization activities, comply with Indian Health Service’s requirements concerning licensing.

- a) In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, the programs and delegates ensure that their facilities are in compliance with the Head Start Program Performance Standards related to health and safety as found in 1304.53 a Physical environment and facilities.
- b) See also [Policy ID 610 \(FC\) Facility Licensing](#) and [Policy ID 60020 \(HPS-NU\) Food Safety and Sanitation: Compliance and Posting](#) regarding licensing.

1.3 Each program identifies, secures, and uses community resources in the provision of services to Head Start children and their families prior to using Head Start funds for these services.

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Policy ID 1306 (PDM) Use of Community Assessment Data for Program Planning

Related Regulations:	1304.51 a 1 I; 1305.3 d 2-6; (1302.103 b)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Every three years full assessment; Annual update		
Evaluation:	Community Assessment Data and Planning Strategy		
Forms:			
Former Policies:	MG03/ TP8-0213 Program Planning; Approval of Short and Long Term Goals		

Performance Objective: The Grantee uses information from the Community Assessment for program planning and program improvement.

1.0 Use of Community Assessment Data for Program Planning

- 1.1 The program analyzes the Community Assessment data and makes appropriate program changes to maximize its ability to meet community needs and understand community strengths every 3 years with annual updates.
- 1.2 Annually the Community Assessment is reviewed by the Program Manager and Area Coordinators to determine program priorities and goals and to develop strategies to address barriers that families may have in accessing community services.
- 1.3 The Program Manager uses the data in the community assessment to:
 - a) Determine recruitment priorities to recommend to Policy Council.
 - b) Set recommendations to Policy Council for criteria for the types of children and families who would be given priority for recruitment and selection.
- 1.4 The Health and Disabilities Coordinator reviews the community assessment annually with the Health Advisory Committee to determine health and nutrition priorities and to determine the type and scope of parent resources to be developed or cultivated in the community to support parent and child wellness in health, nutrition and mental health.
- 1.5 The Parent and Community Partnership Coordinator reviews the community assessment annually to determine priorities based on community trends and to determine the type and scope of parent resources to be developed or cultivated in the community that would benefit parents to achieve self-sufficiency.
- 1.6 Using the data in the community assessment, the program in conjunction with the governing bodies determines which services it would provide directly through collaboration and by referral (e.g., health services, mental health services, transportation services).
- 1.7 Using the data in the community assessment, the program in conjunction with governing bodies determines the staffing it will use to support the program option/s and settings it provides (e.g., staff skills and experience, agency needs, staff composition necessary to reflect the languages, cultures, and heritage of members of the community).

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Policy ID 1307 (PDM) Self-Assessment (PDM)

Related Regulations:	Act 641A g 1; 641A g 2 B; <i>1304.50 d 1 viii; See also 1304.51 l; 1304.51 i 1-3; (1302.102 b 2 i)</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Annually		
Evaluation:	Self-Assessment; Improvement Plan		
Forms:			
Former Policies:	MG09/ TP8-0216 Program Self-assessment and Monitoring		

Performance Objective: The Grantee conducts an annual Self-Assessment of program effectiveness and progress in meeting local program goals and objectives and in implementing and complying with Federal requirements.

1.0 Self-Assessment Plan

1.1 The Program Manager develops the Self-Assessment plan (including dates, recommended self-assessment tool, etc.) and submits it to the governing body and Policy Council for review.

2.0 Program Self-Assessment

2.1 The program conducts a Self-Assessment at least once each program year based on the Grantee’s proscribed self-assessment plan, including detailed responsibilities and timelines for completing the self-assessment.

2.3 At the conclusion of its self-assessment, the Program Manager submits the self-assessment findings to the Policy Council and Tribal Council.

3.0 Self-Assessment Results

3.1 The Program Manager and Content Coordinators compile the program preliminary self-assessments findings and prepare the Self-Assessment Report.

- a) The Head Start Program Manager submits the Self-Assessment Report to Policy Council and the Governing Body for review and approval.
 - i) Governing body meeting minutes show when the Self-Assessment results are shared with the governing body.
- b) During Preservice, strategies are developed to address the findings and a program improvement plan is developed.

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Policy ID 1309 (PDM) Annual Report

Related Regulations:	Act 644 a 2 A; 644 a 2 B-H		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Annually		
Evaluation:	Annual Report to Stakeholders and Public		
Forms:			
Former Policies:	PG13/ TP8-0204 Head Start Annual Report		

Performance Objective: The Grantee publishes and makes available to the public an annual report.

1.0 Annual Report

1.1 The Program Manager is responsible for compiling information for and publishing the Annual Report, which includes:

- a) Total amount of public and private funds received and the amount from each source;
- b) Explanation of budgetary expenditures and proposed budget for the fiscal year;
- c) Total number of children and families served, average monthly enrollment (as a percentage of funded enrollment), and percentage of eligible children served;
- d) Results of the most recent Monitoring Review by the Office of Head Start
- e) Results of the financial audit;
- f) Percentage of enrolled children who received medical and dental exams;
- g) Information about parent involvement activities;
- h) Agency-wide efforts to prepare children for kindergarten; and
- i) Other information required by Office of Head Start

1.2 The Annual report is usually published in between August and November for the previous January – December fiscal year..

1.3 The Annual Report is made available to the public via:

- a) Grantee Website

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Policy ID 1310 (PDM) Authority for Department Procedures

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	03/01/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Annually		
Evaluation:	Annual Report to Stakeholders and Public		
Forms:			
Former Policies:	MG14/TP8-0201 Authority for Department Procedures		

SECTION 1: PURPOSE

The purpose of this policy is to assign authority for Head Start and Child Care Departmental procedures.

SECTION 2: BACKGROUND AND INTENT

The Head Start Performance Standards mandate Tribal Council and Policy Council involvement and approval of program policies, especially in planning and program governance. This policy does not negate the mandate for shared decision making and program oversight. The Redding Rancheria Policies and Procedures govern the Head Start/Early Head Start programs of the Grantee at all locations.

The Head Start and Child Care program may have its own program-level Policies and Procedures provided that they do not conflict with Redding Rancheria policies and procedures, in which case the Grantee version prevails.

SECTION 3: DEFINITIONS

- (k) Tribal Policy: Refers to governmental and legal policy pertaining to the Redding Rancheria tribe. These Policies are approved by the Tribal Council.
- (l) Head Start Policy Council: Refers to the council of current Head Start parents and community members elected by the Head Start enrolled parents and ratified by the Tribal Council.
- (m) Health Advisory Committee: Refers to the committee of volunteer medical professionals and parents; committee membership is approved by Policy Council and Tribal Council.

SECTION 4: DELEGATED AUTHORITY

The Tribal Council does hereby allocate authority for developing and implementing Head Start Departmental procedures to:

- (a) First delegated responsibility: Head Start Program Manager
- (b) Second delegated responsibility: Head Start Policy Council
- (c) Third delegated responsibility: Health Advisory Committee

SECTION 5: AUTHORISED PROGRAMS AND SERVICES

It is hereby the policy of the Redding Rancheria Tribal Council that:

- (a) It delegates authority to the Head Start Program Manager to develop departmental procedures

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for the day to day implementation of the Head Start program, and

- (b) Authority is also delegated to the Head Start Policy Council and Head Start Health Advisory Committee to approve such procedures, and
- (c) These departmental procedures ensure the full implementation of the Head Start Performance Standards and improve program quality.

SECTION 6: PROGRAM POLICIES

Any Policies that involve major program changes, funding requests, human resource policies, short and long range plans, self-assessments, contracts, etc. must ultimately come before the Tribal Council for approval.

SECTION 7: REVIEW

The CEO shall review this policy each year and shall such make recommendations, if any, for its amendment as appropriate for the effective administration hereof.

Legislative History:

Originally Adopted by Tribal Council Resolution #056-06-16-09, dated June 16, 2009.

Amended by Tribal Council Resolution #059-10-9-12, dated October 9, 2012.

Amended by Tribal Council Resolution _____, dated 2017.

Management Systems **and Procedures (MSP)**

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Policy ID 800 (MSP) Confidentiality - Locked Files and Appropriate Handling of Records

Related Regulations:	1304.51 g; (1302.90 c 1 iv; 1303.20)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	At all times		
Evaluation:	Locked files at all times		
Forms:			
Former Policies:	HR08 Child and Family Confidentiality		

Performance Objective: Head Start and Early Head Start staff keep child and family records confidential.

1.0 Confidentiality Policies and Procedures

- 1.1 Programs must establish policies and procedures to establish that all records and files are kept confidential.
- 1.2 Such policies must include methods for destroying confidential information after use.

2.0 Written Consent

- 2.1 For instances in which child/family data must be shared with providers, collaborators, medical personnel, and others as applicable, the program obtains written permission from parents before sharing the data.

3.0 Electronic Records

- 3.1 Programs must establish policies and procedures to ensure that electronic records and reports derived from them are kept confidential.

4.0 Confidentiality of Locked Files

- 4.1 All children's paper files are kept in a locked file cabinet.
- 4.2 Designated staff secure the keys for locked file cabinets.
- 4.3 File cabinet drawers are to be locked after files have been removed.
- 4.4 File cabinets are not to remain unlocked at any time.

Part 1303 Subpart A — Financial Requirements **(FR)**

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Policy ID 13033 (FR) Other Financial Requirements

Related Regulations:	1303.3		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Redding Rancheria Finance Policies and Procedures		

Performance Objective: The grantee and its programs comply with all financial requirements.

1.0 Financial Requirements

1.1 The following chart includes HHS regulations that apply to all grants made under the Head Start Act:

45 CFR	Title	Related Policies
Part 16	Department grant appeals process	n/a
Part 30	HHS Standards and Procedures for Claims collection	n/a
Part 46	Protection of human subjects	n/a
Part 75	Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	√
Part 80	Nondiscrimination under programs receiving federal assistance through the Department of Health and Human Services- Effectuation of title VI and VII of the Civil Rights Act of 1964	See Policy ID 951 (HR/PP) Prohibited Discrimination
Part 81	Practice and procedure for hearings under part 80	n/a
Part 84	Nondiscrimination on the basis of handicap in federally assisted programs	See Policy ID 951 (HR/PP) Prohibited Discrimination
Part 87	Equal treatment for faith based organizations	n/a
2 CFR		
Part 170	FFATA Sub-award and executive compensation	n/a
25.110	CCR/DUNS requirement	n/a

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Policy ID 13034 (FR) Federal Financial Assistance, Non-federal Match, and Waiver Requirements

Related Regulations:	1303.4		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Per budget period		
Evaluation:			
Forms:			
Former Policies:	Head Start Grant Applications		

Performance Objective: The grantee contributes 20% as non-federal match each budget period.

1.0 Federal Financial Assistance, Non-federal Match, and Waiver Requirements

- 1.1 In accordance with section 640(b) of the Act, federal financial assistance to a grantee will not exceed 80 percent of the approved total program costs.
- 1.2 The grantee must contribute 20 percent as non-federal match each budget period.
- 1.3 The responsible HHS official may approve a waiver of all or a portion of the non-federal match requirement on the basis of the grantee’s written application submitted for the budget period and any supporting evidence the responsible HHS official requires.
 - a) In deciding whether to grant a waiver, the responsible HHS official will consider the circumstances specified at section 640(b) of the Act and whether the grantee has made a reasonable effort to comply with the non-federal match requirement.

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Policy ID 13035 (FR) Limitations on Development and Administrative Costs

Related Regulations:	1303.5		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Head Start and Child Care Grant Applications		

Performance Objective: Costs to develop and administer the program cannot be excessive or exceed 15% of the total approved program costs.

1.0 Limitations of Development and Administrative Costs

1.1 Costs to develop and administer a program cannot be excessive or exceed 15% of the total approved program costs.

a) Allowable costs to develop and administer a Head Start program cannot exceed 15% of the total approved program costs, which includes both federal costs and non-federal match, unless the responsible HHS official grants a waiver under 1303.5 b that approves a higher percentage in order to carry out the purposes of the Act.

1.2 To assess total program costs and determine whether a grantee meets this requirement, the grantee:

- a) Determines the costs to develop and administer its program, including the local costs of necessary resources;
- b) Categorizes total costs as development and administrative or program costs;
- c) Identifies and allocates the portion of dual benefits costs that are for development and administration;
- d) Identifies and allocates the portion of indirect costs that are for development and administration versus program costs; and,
- e) Delineates all development and administrative costs in the grant application and calculate the percentage of total approved costs allocated to development and administration.

2.0 Waivers

2.1 The responsible HHS official may grant a waiver for each budget period if a delay or disruption to program services is caused by circumstances beyond the agency's control, or if an agency is unable to administer the program within the 15 percent limitation and if the agency can demonstrate efforts to reduce its development and administrative costs.

2.2 If at any time within the grant funding cycle, the grantee estimates development and administration costs will exceed 15% of total approved costs, it must submit a waiver request to the responsible HHS official that explains why costs exceed the limit, that indicates the time period the waiver will cover, and that describes what the grantee will do to reduce its development and administrative costs to comply with the 15% limit after the waiver period.

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Policy ID 13036 (FR) RR Time and Effort/ Cost Allocation

Related Regulations:	1303.5		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Head Start and Child Care Grant Applications		

Performance Objective: To ensure compliance with Federal regulations

1.0 Time and Effort

- 1.1 Time and effort reporting and cost allocation methods shall meet general accounting practice, and shall be completed ongoing.
- 1.2 Accounting and program staff shall receive training in these procedures as needed
- 1.3 The fiscal department is responsible to monitor department’s ongoing records to ensure compliance
- 1.4 All cost allocation reports must reflect an after-the-fact determination of actual employee activity or use. (Budget estimates before services are performed do not qualify as support for charges to grant awards.)
- 1.5 If major discrepancy is found between the planned cost allocation, and the actual documented use allocation, the controller shall require the department head to make budgetary adjustments
- 1.6 All cost allocations must be reasonable, and necessary, allowable and allocable.
- 1.7 Head Start and Child Care employees shall complete time and effort time sheets with each pay period for those who perform duties for both Head Start and Child Care
- 1.8 Head Start and Child Care shall allocate building costs to departments based on square footage used by programs.
 - a) Allocate program costs per ongoing usage
 - b) Transportation monthly by ridership percentage
 - c) Meals monthly by enrollment percentage
 - d) Program supplies as ordered by enrollment percentage

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Policy ID 13037 (FR) RR Volunteer Valuation and Donation Rates ; Tracking

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	MG10/ TP8-0225		

Performance Objective: To ensure compliance with Federal regulations

1.0 Volunteer Valuation and Donation Rates

1.1 The Tribal Council delegates the Redding Rancheria Head Start and Child Care Program Manager the responsibility of ensure the valuation study is periodically updated. (TP8-0225)

1.2 It is the policy of the Redding Rancheria Head Start that In-Kind costs will be charged and tracked using "current and similar" charges within the Rancheria and in the community, including fringe. Additionally, salary comparison information can be gleaned from the EDD Labor Market website. The actual dollar amounts for the volunteer positions are on file in the Head Start office.

1.3 Mileage shall be calculated at the same rate as the current Tribal reimbursement for employees

1.4 Donations of goods or services is as the market rate

1.5 The HS Program Manager or Program Assistant is responsible for tracking parent and community contributions, and reports this information monthly to the finance department

1.6 The Tribal finance department tracks all other tribal in-kind contributions, and creates timely reports showing cumulative status compared to in-kind budget.

1.7 All documentation shall meet accounting standards.

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Part 1303 Subpart B — Administrative Requirements (AR)

Redding Rancheria Head Start and Child Care
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Policy ID 130310 (AR) Administrative Requirements

Related Regulations:	1303.10		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Monitoring reports		
Forms:			
Former Policies:	Redding Rancheria Governmental Policies		

Performance Objective: The grantee fulfills all administrative requirements.

1.0 Administrative Requirements

1.1 The grantee observes standards of organization, management, and administration that ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purposes of the Head Start Act and the objective of providing assistance effectively, efficiently, and free of any taint of partisan political bias or personal or family favoritism.

1.2 See also [Policy ID 948 \(HR/PP\) Political Activity](#) and [Policy ID 941 \(HR/PP\) Nepotism \(Employment of Relatives\)](#).

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Policy ID 130311 (AR) Limitations and Prohibitions

Related Regulations:	1303.11		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Head Start Grant Applications		

Performance Objective: The grantee and its Head Start/Early Head Start programs adhere to the provisions of the Head Start Act.

1.0 Limitations and Prohibitions

1.1 The agency adheres to sections 644 e, 644 g 3, 653, 654, 655, 656, and 657A of the Head Start Act (and others).

a) These sections pertain to:

- i) union organizing (see [Policy ID 967 \(HR/PP\) Union Membership](#))
- ii) the Davis-Bacon Act
- iii) limitations on compensation (see [Policy ID 947 \(HR/PP\) Comparability of Wages and Limitation](#))
- iv) nondiscrimination (see [Policy ID 951 \(HR/PP\) Prohibited Discrimination](#))
- v) unlawful activities (see [Policy ID 950 \(HR/PP\) Unlawful Activities are Prohibited](#))
- vi) political activities (see [Policy ID 948 \(HR/PP\) Political Activity](#)), and
- vii) obtaining parental consent (see [Policy ID 4000 \(EECD\) Parental Consent for Release of Information](#) and [Policy ID 130322 \(PCR\) Disclosures With and Without Parental Consent](#)).

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Policy ID 130312 (AR) Insurance and Bonding

Related Regulations:	1303.12		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Sufficient Insurance coverage or fidelity bond coverage		
Forms:			
Former Policies:	Redding Rancheria Policies and Procedures		

Performance Objective: The grantee has insurance coverage in accordance with the regulations and requires the same of its delegates.

1.0 Insurance and Bonding

- 1.1 The agency has an ongoing process to identify risks and have cost-effective insurance for those identified risks and requires the same for its delegates.
- 1.2 The agency specifically considers the risk of accidental injury to children while participating in the program.
- 1.3 The process of identifying risks also considers the risk of losses resulting from fraudulent acts by individuals authorized to disburse Head Start funds.
- 1.4 The grantee submits proof of appropriate coverage in its initial application for funding.
- 1.5 Consistent with 45 CFR part 75, if the agency lacks sufficient coverage to protect the federal government's interest, the agency must maintain adequate fidelity bond coverage.

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**Part 1303 Subpart C — Protection for the Privacy
of Child Records (PCR)**

Redding Rancheria Head Start and Child Care
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Policy ID 130320 (PCR) Protections for the Privacy of Child Records

Related Regulations:	1303.20, 1303.21, 1303.21 a, 1303.21 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	HR08 Child and Family Confidentiality		

Performance Objective: The program establishes and implements procedures to protect the confidentiality of any personally identifiable information (PII) in child records

1.0 Program Procedures – Applicable Confidentiality Provisions

- 1.1 <If the program is an educational agency or institution that receives funds under a program administered by the Department of Education and therefore is subject to the confidentiality provisions under the Family Educational Rights and Privacy Act (FERPA), then it complies with those confidentiality provisions of FERPA instead of the provisions in 1303.20.>
- 1.2 <If the program serves a child who is referred to, or found eligible for services under, IDEA, then a program must comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the PII in records of those children, and, therefore, the provisions in this subpart do not apply to those children.>

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Policy ID 130322 (PCR) Disclosures With and Without Parental Consent

Related Regulations:	1303.22		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing and as applicable		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program protects personally identifiable information (PII) in child records.

1.0 Disclosures With Parental Consent

- 1.1 Subject to the exceptions in 1303.22 b and 1303.22 c, the procedures to protect PII require the program to obtain a parent’s written consent before the program may disclose such PII from child records.
- 1.2 The procedures to protect PII require the program to ensure the parent’s written consent specifies what child records may be disclosed, explains why the records will be disclosed, and identifies the party or class of parties to whom the records may be disclosed.
 - a) The written consent must be signed and dated.
- 1.3 Signed and dated written consent may include a record and signature in electronic form that:
 - a) Identifies and authenticates a particular person as the source of the electronic consent; and,
 - b) Indicates such person's approval of the information.
- 1.4 The program explains to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
 - a) If a parent revokes consent, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked.

2.0 Disclosure Without Parental Consent but with Parental Notice and Opportunity to Refuse

- 2.1 The procedures to protect PII allow the program to disclose such PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent, upon the parent’s request, a copy of the PII from child records to be disclosed in advance, and gives the parent an opportunity to challenge and refuse disclosure of the information in the records, before the program forwards the records to officials at a program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled so long as the disclosure is related to the child's enrollment or transfer.

3.0 Disclosure Without Parental Consent

- 3.1 The procedures to protect PII allow the program to disclose such PII from child records without parental consent to:

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- a) Officials within the program or acting for the program, such as contractors and sub recipients, if the official provides services for which the program would otherwise use employees, the program determines it is necessary for Head Start services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement;
- b) Officials within the program, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development programs, or for enforcement of or compliance with federal legal requirements of the program; provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible HHS official;
- c) Officials within the program, acting for the program, or from a federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, for, or on behalf of, the program, provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;
- d) Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons;
- e) Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent about all such subpoenas and court orders in advance of the compliance therewith, unless:
 - i) A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;
 - ii) The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.;
 - iii) A parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101)) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by the program is not required; or,
 - iv) the program initiates legal action against a parent or a parent initiates legal action against the program, then the program may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.
- f) The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program under the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966, if the results will be reported in an aggregate form that does not identify any individual: provided, that any data collected must be protected in a manner that will not permit the personal identification of students and their parents by other than the authorized representatives of the Secretary of Agriculture and any PII must be destroyed when the data are no longer needed for program monitoring, evaluations, and performance measurements;
- g) A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when such agency is legally responsible for the child's care and protection, under state or tribal law, if the agency agrees in writing to protect PII, to use information from the child's case plan for specific purposes intended of addressing the child's needs, and to destroy information that is no longer needed for those purposes; and,
- h) Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.

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4.0 Written Agreements

4.1 When the program establishes a written agreement with a third party, the procedures to protect such PII must require the program to annually review and, if necessary, update the agreement.

a) If the third party violates the agreement, then the program may:

- i) Provide the third party an opportunity to self-correct; or,
- ii) Prohibit the third party from access to records for a set period of time as established by the program's governing body and policy council.

5.0 Annual Notice

5.1 The procedures to protect PII require the program to annually notify parents of their rights in writing described in 1303.20 through 1303.24 and applicable definitions in part 1305, and include in that notice a description of the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent as described in 1303.22 c.

6.0 Limit on Disclosing PII

6.1 The program only discloses the information that is deemed necessary for the purpose of the disclosure.

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Policy ID 130323 (PCR) Parental Rights

Related Regulations:	1303.23		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing and as applicable		
Evaluation:			
Forms:			
Former Policies:	Intake Packet Form		

Performance Objective: Parents have the right to inspect their child’s records.

1.0 Parental Rights

- 1.1 If the parent requests to inspect child records, the program makes the child records available within a reasonable time, but no more than 45 days after receipt of request.
- 1.2 When the program maintains child records that contain information on more than one child, the program ensures the parent only inspects information that pertains to the parent’s child.
- 1.3 The program does not destroy a child record with an outstanding request to inspect and review the record.

2.0 Amend Record

- 2.1 A parent has the right to ask the program to amend information in the child record that the parent believes is inaccurate, misleading, or violates the child’s privacy.
- 2.2 The program considers the parent’s request and, if the request is denied, renders a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.

3.0 Hearing

- 3.1 If the parent requests a hearing to challenge information in the child record, the program schedules a hearing within a reasonable time, notifies the parent, in advance, about the hearing, and ensures the person who conducts the hearing does not have a direct interest in its outcome.
- 3.2 The program ensures the hearing affords the parent a full and fair opportunity to present evidence relevant to the issues.
- 3.3 If the program determines from evidence presented at the hearing that the information in the child records is inaccurate, misleading, or violates the child’s privacy, the program either amends or removes the information and notifies the parent in writing.
- 3.4 If the program determines from evidence presented at the hearing that information in the child records is accurate, does not mislead, or otherwise does not violate the child’s privacy, the program informs the parent of the right to place a statement in the child records that either comments on the contested information or that states why the parent disagrees with the program’s decision, or both.

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4.0 Right to Copy of Record

- 4.1 The program provides a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed.

5.0 Right to Inspect Written Agreements

- 5.1 A parent has the right to review any written agreements with third parties <involving their child>.

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Policy ID 130324 (PCR) Maintaining Records

Related Regulations:	1303.23		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Child files, electronic record-keeping system		
Forms:			
Former Policies:	MG07 Record Keeping Systems		

Performance Objective: The program maintains child records in accordance with the regulations.

1.0 Maintaining Records

- 1.1 The program maintains child records in a manner that ensures only parents, and officials within the program or acting on behalf of the program have access, and such records are destroyed within a reasonable timeframe after such records are no longer needed or required to be maintained.

- 1.2 The program maintains, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made.
 - a) When the program uses a web-based data system to maintain child records, the program ensures such child records are adequately protected and maintained according to current industry security standards.

- 1.3 If a parent places a statement in the child record, the program maintains the statement with the contested part of the child record for as long as the program maintains the record and, discloses the statement whenever it discloses the portion of the child record to which the statement relates.

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Part 1303 Subpart D — Delegation of Program Operations (DEL)

Redding Rancheria Head Start and Child Care
Procedures Manual

Policy ID 130330 (DEL) Delegation of Program Operations

Related Regulations:	1303.30 , 1303.31 , 1303.32 , 1303.33		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Monitoring reports		
Forms:			
Former Policies:			

Performance Objective: The grantee is accountable for the services its delegate agencies provide.

1.0 Grantee Responsibility and Accountability (Should the Rancheria decide to delegate operations of the Head Start to another agency)

1.1 The grantee supports, oversees and ensures delegate agencies provide high-quality services to children and families and meet all applicable Head Start requirements.

a) The grantee can only terminate a delegate agency if the grantee shows cause why termination is necessary and provides a process for delegate agencies to appeal termination decisions.

b) The grantee retains legal responsibility and authority and bears financial accountability for the program when services are provided by delegate agencies.

2.0 Determining and Establishing Delegate Agencies

2.1 If the grantee enters into an agreement with another entity to serve children, the grantee determines whether the agreement meets the definition of “delegate agency” in section 637(3) of the Act:

a) The term “delegate agency” means a public, private nonprofit (including a community based organization, as defined in section 9101 of the [Elementary and Secondary Education Act of 1965](#) (20 U.S.C. 7801), or for profit organization or agency to which a grantee has delegated all or part of the responsibility of the grantee for operating a Head Start program.

b) The grantee does not award a delegate agency federal financial assistance unless there is a written agreement and the responsible HHS official approves the agreement before the grantee delegates program operations.

3.0 Evaluations and Corrective Actions for Delegate Agencies

3.1 The grantee evaluates and ensures corrective action for delegate agencies according to section 641A(d) of the Act.

a) See [Policy ID 11112 \(PDM\) Program Monitoring Follow-up](#).

4.0 Termination of Delegate Agencies

4.1 If the grantee shows cause why termination is appropriate or demonstrates cost effectiveness, the grantee may terminate a delegate agency’s contract.

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- 4.2 The grantee's decision to terminate must not be arbitrary or capricious.
- 4.3 The grantee establishes a process for defunding a delegate agency, including an appeal of a defunding decision and ensures the process is fair and timely.
- 4.4 The grantee notifies the responsible HHS official about the appeal and its decision.

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Part 1303 Subpart E — Facilities (FAC)

Redding Rancheria Head Start and Child Care
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Policy ID 130342 (FAC) Eligibility to Purchase, Construct, and Renovate Facilities

Related Regulations:	1303.42		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee follows requirements for applying for funds to purchase, construct, or renovate a facility.

1.0 Eligibility to Purchase, Construct, and Renovate Facilities

1.1 Preliminary eligibility. Before the grantee can apply for funds to purchase, construct, or renovate a facility under §1303.44, it must establish that:

- a) The facility will be available to Indian tribes, or rural or other low-income communities;
- b) The proposed purchase, construction or major renovation is within the grantee’s designated service area; and,
- c) The proposed purchase, construction or major renovation is necessary because the lack of suitable facilities in the grantee’s service area will inhibit the operation of the program.
- d) If the program applies to construct a facility, that the construction of such facility is more cost-effective than the purchase of available facilities or renovation.

1.2 Proving a lack of suitable facilities. To satisfy 1303.42 a 1 iii, the grantee must have a written statement from an independent real estate professional familiar with the commercial real estate market in the grantee’s service area, that includes factors considered and supports how the real estate professional determined there are no other suitable facilities in the area.

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Policy ID 130343 (FAC) Use of Grant Funds to Pay Fees

Related Regulations:	1303.43		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee may request use of federal funds to pay fees and costs **associated with facilities purchase, construction or renovation.**

1.0 Use of Grant Funds to Pay Fees

1.1 The grantee may submit a written request to the responsible HHS official for reasonable fees and costs necessary to determine preliminary eligibility under §1303.42 before it submits an application under §1303.44.

a) If the responsible HHS official approves the grantee’s application, the grantee may use federal funds to pay fees and costs.

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Policy ID 130344 (FAC) Applications to Purchase, Construct, and Renovate Facilities

Related Regulations:	1303.44		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee follows application requirements to apply for funds to purchase, construct, or renovate a facility.

1.0 Applications to Purchase, Construct, and Renovate Facilities

1.1 If the grantee is preliminarily eligible under §1303.42 to apply for funds to purchase, construct, or renovate a facility, it submits to the responsible HHS official:

- a) A statement that explains the anticipated effect the proposed purchase, construction or renovation has had or will have on program enrollment, activities and services, and how it determined what the anticipated effect would be;
- b) A deed or other document showing legal ownership of the real property where facilities activity is proposed, legal description of the facility site, and an explanation why the location is appropriate for the grantee’s service area;
- c) Plans and specifications for the facility, including square footage, structure type, the number of rooms the facility will have or has, how the rooms will be used, where the structure will be positioned or located on the building site, and whether there is space available for outdoor play and for parking;
- d) Certification by a licensed engineer or architect that the facility is, or will be upon completion, structurally sound and safe for use as a Head Start facility and that the facility complies, or will comply upon completion, with local building codes, applicable child care licensing requirements, the accessibility requirements of the Americans with Disabilities Act, section 504 of the Rehabilitation Act of 1973, the Flood Disaster Protection Act of 1973, and the National Historic Preservation Act of 1966;
- e) A description of proposed renovations or repairs to make the facility suitable for program activities, and plans and specification that describe the facility after renovation or repair;
- f) A proposed schedule that details when the grantee will acquire, renovate, repair and occupy the facility;
- g) An estimate by a licensed independent certified appraiser of the facility’s fair market value after proposed purchase and associated repairs and renovations construction, or major renovation is completed is required for all facilities activities except for major renovations to leased property;
- h) The cost comparison described in §1303.45 (see [Policy ID 130345 \(FAC\) Cost-Comparison to Purchase, Construct, and Renovate Facilities](#));

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- i) A statement that shows what share of the purchase, construction, or major renovation will be paid with grant funds and what the grantee proposes to contribute as a nonfederal match to the purchase, construction or major renovation;
- j) A statement from a lender, if a grantee applies to use Head Start funds to continue purchase on a facility or refinance existing debt on a facility that indicates the lender is willing to comply with §1303.49;
- k) The terms of any proposed or existing loan(s) related to purchase, construction or major renovation of the facility, including copies of any funding commitment letters, mortgages, promissory notes, potential security agreements to be entered into, information on all other sources of funding, construction or major renovation, and any restrictions or conditions imposed by other funding sources;
- l) A Phase I environmental site assessment that describes the environmental condition of the proposed facility site and any structures on the site;
- m) A description of the efforts by the grantee to coordinate or collaborate with other providers in the community to seek assistance, including financial assistance, prior to the use of funds under this section; and,
- n) Any additional information the responsible HHS official may require.

2.0 Additional requirements for leased properties.

- 2.1 If the grantee applies to renovate leased property, it must submit to the responsible HHS official information described in 1303.44 a, a copy of the existing or proposed lease agreement, and the landlord or lessor's consent.
- 2.2 If the grantee applies to purchase a modular unit it intends to site on leased property or on other property the grantee does not own, the grantee must submit to the responsible HHS official information described in 1304.44 a and a copy of the proposed lease or other occupancy agreement that will allow the grantee access to the modular unit for at least 15 years.

3.0 Non-Federal Match

- 3.1 Any non-federal match associated with facilities activities becomes part of the federal share of the facility.

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Policy ID 130345 (FAC) Cost-Comparison to Purchase, Construct, and Renovate Facilities

Related Regulations:	1303.45		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee submits a detailed cost estimate if it proposes to purchase, construct, or renovate a facility.

1.0 Cost-Comparison to Purchase, Construct, and Renovate Facilities

1.1 If the grantee proposes to purchase, construct, or renovate a facility, it must submit a detailed cost estimate of the proposed activity, compare the costs associated with the proposed activity to other available alternatives in the service area, and provide any additional information the responsible HHS official requests.

a) The grantee must demonstrate that the proposed activity will result in savings when compared to the costs that would be incurred to acquire the use of an alternative facility to carry out program.

1.2 In addition to requirements in 1303.45 a 1, the grantee must:

a) Identify who owns the property;

b) List all costs related to the purchase, construction, or renovation;

c) Identify costs over the structure's useful life, which is at least 20 years for a facility that the grantee purchased or constructed and at least 15 years for a modular unit the grantee renovated, and deferred costs, including mortgage balloon payments, as costs with associated due dates; and,

d) Demonstrate how the proposed purchase, construction, or major renovation is consistent with program management and fiscal goals, community needs, enrollment and program options and how the proposed facility will support the grantee as it provides quality services to children and families.

2.0 Continue Purchase or Refinance

2.1 To use funds to continue purchase on a facility or to refinance an existing indebtedness, the grantee compares the costs of continued purchase against the cost of purchasing a comparable facility in the service area over the remaining years of the facility's useful life.

2.2 The grantee demonstrates that the proposed activity will result in savings when compared to the cost that would be incurred to acquire the use of an alternative facility to carry out the program.

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3.0 Multi-purpose Use

- 3.1 If the grantee intends to use a facility to operate a Head Start program and for another purpose, it discloses what percentage of the facility will be used for non-Head Start activities, along with costs associated with those activities, in accordance with applicable cost principles.

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Policy ID 130346 (FAC) Recording and Posting Notices of Federal Interest

Related Regulations:	1303.46		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:	Head Start Grant Applications and 424 reports		

Performance Objective: The grantee files notices of federal interest in accordance with the regulations.

1.0 Survival of Federal Interest

- 1.1 The grantee that receives funds under 1303 Subpart E must file notices of federal interest as set forth in 1303.46 b.
- a) Federal interest cannot be defeated by a grantee’s failure to file a notice of federal interest.

2.0 Recording Notices of Federal Interest

- 2.1 If the grantee uses federal funds to purchase real property or a facility, excluding modular units, appurtenant to real property, it records a notice of federal interest in the official real property records for the jurisdiction where the facility is or will be located.
- 2.2 The grantee must file the notice of federal interest as soon as it uses Head Start funds to either fully or partially purchase a facility or real property where a facility will be constructed or as soon as it receives permission from the responsible HHS official to use Head Start funds to continue purchase on a facility.
- 2.3 If the grantee uses federal funds in whole or in part to construct a facility, it records the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to construct the facility.
- 2.4 If the grantee uses federal funds to renovate a facility that it, or a third party owns, the grantee records the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to renovate the facility.
- 2.5 If the grantee uses federal funds in whole or in part to purchase a modular unit or to renovate a modular unit, the grantee posts the notice of federal interest, in clearly visible locations, on the exterior of the modular unit and inside the modular unit.

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Policy ID 130347 (FAC) Contents of Notices of Federal Interest

Related Regulations:	1303.47		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee includes all required items in the notice of federal interest.

1.0 Facility and Real Property a Grantee Owns

1.1 Regarding facility and real property the grantee owns, a notice of federal interest for a facility, other than a modular unit, and real property the grantee owns or will own, must include:

- a) The grantee’s correct legal name and current mailing address;
- b) A legal description of the real property;
- c) Grant award number, amount and date of initial facilities funding award or initial use of base grant funds for ongoing purchase or mortgage payments;
- d) A statement that the notice of federal interest includes funds awarded in grant award(s) and any Head Start funds subsequently used to purchase, construct or to make major renovations to the real property;
- e) A statement that the facility and real property will only be used for purposes consistent with the Act and applicable Head Start regulations;
- f) A statement that the facility and real property will not be mortgaged or used as collateral, sold or otherwise transferred to another party, without the responsible HHS official’s written permission;
- g) A statement that the federal interest cannot be subordinated, diminished, nullified or released through encumbrance of the property, transfer of the property to another party or any other action the grantee takes without the responsible HHS official’s written permission;
- h) A statement that confirms that the agency’s governing body received a copy of the notice of federal interest prior to filing and the date the governing body was provided with a copy; and,
- i) The name, title, and signature of the person who drafted the notice.

2.0 Facility Leased by the Grantee

2.1 Regarding facility leased by the grantee, the notice of federal interest for a leased facility, excluding a modular unit, on land the grantee does not own, must be recorded in the official real property records for the jurisdiction where the facility is located and must include:

- a) The grantee’s correct legal name and current mailing address;

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- b) A legal description of affected real property;
- c) The grant award number, amount and date of initial funding award or initial use of base grant funds for major renovation;
- d) Acknowledgement that the notice of federal interest includes any Head Start funds subsequently used to make major renovations on the affected real property;
- e) A statement the facility and real property will only be used for purposes consistent with the Act and applicable Head Start regulations; and,
- f) A lease or occupancy agreement that includes the required information from 1303.47 b 1 i through v may be recorded in the official real property records for the jurisdiction where the facility is located to serve as a notice of federal interest.

2.3 If the grantee cannot file the lease or occupancy agreement described in 1303.47 b 1 vi in the official real property records for the jurisdiction where the facility is located, it may file an abstract.

- a) The abstract must include the names and addresses of parties to the lease or occupancy agreement, terms of the lease or occupancy agreement, and information described in 1303.47 a 1 through 9.

3.0 Modular Units

3.1 Regarding modular units, a notice of federal interest on a modular unit the grantee purchased or renovated must be visible and clearly posted on the exterior of the modular and inside the modular and must include:

- a) The grantee's correct legal name and current mailing address;
- b) The grant award number, amount and date of initial funding award or initial use of base grant funds to purchase or renovate;
- c) A statement that the notice of federal interest includes any Head Start funds subsequently used for major renovations to the modular unit;
- d) A statement that the facility and real property will only be used for purposes consistent with the Act and applicable Head Start regulations;
- e) A statement that the modular unit will not be mortgaged or used as collateral, sold or otherwise transferred to another party, without the responsible HHS official's written permission;
- f) A statement that the federal interest cannot be subordinated, diminished, nullified or released through encumbrance of the property, transfer to another party, or any other action the grantee takes without the responsible HHS official's written permission;
- g) A statement that the modular unit cannot be moved to another location without the responsible HHS official's written permission;
- h) A statement that confirms that the agency's governing body has received a copy of the filed notice of federal interest and the date the governing body was provided with a copy; and,
- i) The name, title, and signature of the person who completed the notice for the grantee agency.

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Policy ID 130348 (FAC) Grantee Limitation on Federal Interest

Related Regulations:	1303.48		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee uses its facilities, real property, and modular units only for purposes for which the grant application was approved.

1.0 Grantee Limitation on Federal Interest

- 1.1 The grantee cannot mortgage, use as collateral for a credit line or for other loan obligations, or sell or transfer to another party, a facility, real property, or a modular unit it has purchased, constructed or renovated with Head Start funds, without the responsible HHS official’s written permission.

- 1.2 The grantee must have the responsible HHS official’s written permission before it can use real property, a facility, or a modular unit subject to federal interest for a purpose other than that for which the grantee’s application was approved.

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Policy ID 130349 (FAC) Protection of Federal Interest in Mortgage Agreements

Related Regulations:	1303.49		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: As applicable, the grantee follows the regulations regarding protection of federal interest in mortgage agreements.

1.0 Protection of Federal Interest in Mortgage Agreements

1.1 Any mortgage agreement or other security instrument that is secured by real property or a modular unit constructed or purchased in whole or in part with federal funds or subject to renovation with federal funds must:

- a) Specify that the responsible HHS official can intervene in case the grantee defaults on, terminates or withdraws from the agreement;
- b) Designate the responsible HHS official to receive a copy of any notice of default given to the grantee under the terms of the agreement and include the regional grants management officer’s current address;
- c) Include a clause that requires any action to foreclose the mortgage agreement or security agreement be suspended for 60 days after the responsible HHS official receives the default notice to allow the responsible HHS official reasonable time to respond;
- d) Include a clause that preserves the notice of federal interest and the grantee’s obligation for its federal share if the responsible HHS official fails to respond to any notice of default provided under this section <1303.49>;
- e) Include a statement that requires the responsible HHS official to be paid the federal interest before foreclosure proceeds are paid to the lender, unless the official’s rights under the notice of federal interest have been subordinated by a written agreement in conformance with §1303.51;
- f) Include a clause that gives the responsible HHS official the right to cure any default under the agreement within the designated period to cure the default; and,
- g) Include a clause that gives the responsible HHS official the right to assign or transfer the agreement to another interim or permanent grantee.

1.2 The grantee must immediately notify the responsible HHS official of any default under an agreement described in 1303.49 a.

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Policy ID 130350 (FAC) Third Party Leases and Occupancy Arrangements

Related Regulations:	1303.50		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee abides by the regulations regarding third party leases and occupancy arrangements.

1.0 Third Party Leases and Occupancy Arrangements

1.1 After <11/05/2016>, if the grantee receives federal funds to purchase, construct or renovate a facility on real property the grantee does not own or to purchase or renovate a modular unit on real property the grantee does not own, the grantee must have a lease or other occupancy agreement of at least 30 years for purchase or construction of a facility and at least 15 years for a major renovation or placement of a modular unit.

1.2 The lease or occupancy agreement must:

- a) Provide for the grantee’s right of continued use and occupancy of the leased or occupied premises during the entire term of the lease;
- b) Designate the regional grants management officer to receive a copy of any notice of default given to the grantee under the terms of the agreement and include the regional grants management officer’s current address;
- c) Specify that the responsible HHS official has the right to cure any default under the lease or occupancy agreement within the designated period to cure default; and,
- d) Specify that the responsible HHS official has the right to transfer the lease to another interim or replacement grantee.

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Policy ID 130351 (FAC) Subordination of the Federal Interest

Related Regulations:	1303.51		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: Only the responsible HHS official can subordinate federal interest to the rights of a lender or other third party.

1.0 Subordination of the Federal Interest

1.1 Only the responsible HHS official can subordinate federal interest to the rights of a lender or other third party.

- a) Subordination agreements must be in writing and the mortgage agreement or security agreement for which subordination is requested must comply with §1303.49.
- b) When the amount of federal funds already contributed to the facility exceeds the amount to be provided by the lender seeking subordination, the federal interest may only be subordinated if the grantee can show that funding is not available without subordination of the federal interest.

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Policy ID 130352 (FAC) Insurance, Bonding and Maintenance

Related Regulations:	1303.52		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee obtains insurance and maintains facilities in accordance with the regulations.

1.0 Insurance, Bonding, and Maintenance

- 1.1 If the grantee uses federal funds to purchase or continue purchase on a facility, excluding modular units, the grantee must obtain a title insurance policy for the purchase price that names the responsible HHS official as an additional loss payee.
- 1.2 If the grantee uses federal funds to purchase or continue purchase on a facility or modular unit the grantee must maintain physical damage or destruction insurance at the full replacement value of the facility, for as long as the grantee owns or occupies the facility.
 - a) If a facility is located in an area the National Flood Insurance Program defines as high risk, the grantee must maintain flood insurance for as long as the grantee owns or occupies the facility.
 - b) The grantee must submit to the responsible HHS official, within 10 days after coverage begins, proof of insurance coverage required under 1303.52 a and b.

2.0 Maintenance

- 2.1 The grantee keeps all facilities purchased or constructed in whole or in part with Head Start funds in good repair in accordance with all applicable federal, state, and local laws, rules and regulations, including Head Start requirements, zoning requirements, building codes, health and safety regulations and child care licensing standards.

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Policy ID 130353 (FAC) Copies of Documents

Related Regulations:	1303.53		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee submits copies of required documents to HHS in accordance with the regulations.

1.0 Copies of Documents

1.1 The grantee must submit to the responsible HHS official, within 10 days after filing or execution, copies of deeds, leases, loan instruments, mortgage agreements, notices of federal interest, and other legal documents related to the use of Head Start funds for purchase, construction, major renovation, or the discharge of any debt secured by the facility.

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Policy ID 130354 (FAC) Record Retention

Related Regulations:	1303.54		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee retains records in accordance with the regulations.

1.0 Record Retention

1.1 The grantee retains records pertinent to the lease, purchase, construction or renovation of a facility funded in whole or in part with Head Start funds, for as long as the grantee owns or occupies the facility, plus three years.

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Policy ID 130355 (FAC) Procurement Procedures

Related Regulations:	1303.55		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee complies with all grants management regulations.

1.0 Procurement Procedures

- 1.1 The grantee complies with all grants management regulations, including specific regulations applicable to transactions in excess of the current simplified acquisition threshold, cost principles, and its own procurement procedures, and provides, to the maximum extent practical, open and full competition.
- 1.2 The grantee must obtain the responsible HHS official’s written approval before it uses Head Start funds, in whole or in part, to contract construction or renovation services.
 - a) The grantee ensures these contracts are paid on a lump sum fixed-price basis.
- 1.3 The grantee obtains prior written approval from the responsible HHS official for contract modifications that would change the scope or objective of a project or would materially alter the costs, by increasing the amount of grant funds needed to complete the project.
- 1.4 The grantee ensures all construction and renovation contracts paid, in whole or in part with Head Start funds, contain a clause that gives the responsible HHS official or his or her designee access to the facility, at all reasonable times, during construction and inspection.

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Policy ID 130356 (FAC) Inspection of Work

Related Regulations:	1303.56		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Approved by:	Finance Department		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee submits to the responsible HHS official a final facility inspection report in accordance with the regulations.

1.0 Inspection of Work

1.1 The grantee must submit to the responsible HHS official a final facility inspection report by a licensed engineer or architect within 30 calendar days after the project is completed.

a) The inspection report must certify that the facility complies with local building codes, applicable child care licensing requirements, is structurally sound and safe for use as a Head Start facility, complies with the access requirements of the Americans with Disabilities Act, section 504 of the Rehabilitation Act, and the Flood Disaster Protection Act of 1973, and complies with National Historic Preservation Act of 1966.

Facilities, Material, and Equipment (FC)

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Policy ID 600 (FC) Physical Environment and Facilities

Related Regulations:	<i>1304.22; 1304.23 e; 1304.53 a; 1304.53 a 1-9; 1304.53 a 10; 1304.53 a 10 i-xvii; 1308.4; 1306.35</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Daily/Ongoing		
Evaluation:	Health and Safety Screener, Licensing reports		
Forms:			
Former Policies:	FC01 Physical Environments and Facilities		

Performance Objective: Each program/option ensures that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children.

1.0 Head Start and Early Head Start Physical Environment and Facilities

- 1.1 Each program provides appropriate center space for implementation of all center-based program activities (see 1308.4 for specific access requirements for children with disabilities).
- 1.2 The center space provided by each program is organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.
- 1.3 The indoor and outdoor space in Early Head Start/Head Start centers that is used by mobile infants and toddlers is separated from general walkways and from areas in use by preschoolers.
- 1.4 Centers have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.
- 1.5 The program facilities used for center-based options meet the applicable licensing requirements (1306.30 c) and comply with current state and local licensing requirements.
 - a) In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, or where no state or local licensing standards are applicable, each program ensures that the facilities are in compliance with the Head Start Program Performance Standards related to health and safety as found in 1304.53 a, Physical environment and facilities.
- 1.6 Each program provides for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials, and equipment.
 - a) A portion of the program budget is allocated for ensuring that Early Head Start and Head Start facilities and equipment are maintained, repaired, safe, and secure.
 - b) When Program staff observe that any equipment or facilities are unsafe or need repair, the problem is reported immediately to Program Management who delegates or takes appropriate action to remedy the problem.
- 1.7 Each program provides a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants.
 - a) Each program ensures that no child is present during the spraying of pesticides or herbicides.
 - b) Children do not return to the affected area until it is safe to do so.

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- 1.8 All children are provided with separate cribs that meet the requirements of <State/local law>.
- a) Each crib and cot is labeled with the child's name.
 - b) When multiple cribs/cots are in an infant and toddler classroom, they are spaced at least 3 feet apart.
- 1.9 Outdoor play areas at center-based programs are arranged so as to prevent any child from leaving the premises and getting into unsafe and/or unsupervised areas. In route to play areas, children are not exposed to vehicular traffic without supervision.
- a) Where fences, walls, or other barriers are present, they themselves must not pose a safety hazard.
 - b) Classroom Teaching staff supervise children at all times (including while on the playground) and prevent children from getting into unsafe areas.
 - c) Staff work together to make sure no "blind spots" occur while children are on the playground.
- 1.10 Each program conducts a safety inspection annually to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and development needs of children. At a minimum, the programs ensure that:
- a) there is a safe and effective heating and cooling system that is insulated to protect children, staff and volunteers from potential burns.
 - i) All Head Start and Early Head Start sites have adequate heating and cooling installed by qualified professionals.
 - ii) The Public Works Director and Safety Manager conduct regular inspections to check the adequacy of systems and facilities for sites and centers.
 - A) Programs use the *Health and Safety Screener* (see [Policy ID 603 \(FC\) Annual Inspections and Program Monitoring for Facilities](#)).
 - b) Highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are not used.
 - c) Flammable and other dangerous materials and potential poisons are appropriately labeled and stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized personnel.
 - d) All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children.
 - e) Rooms are well lit and provide emergency lighting in the case of power failure.
 - f) Approved, working fire extinguishers are accessible to staff.
 - i) In case of a smoke or fire emergency, program staff first tend to the safety of the children before accessing the fire extinguisher/s.
 - g) An appropriate number of smoke detectors are installed and tested annually.
 - i) Designated Program Management keep a log of smoke detector checks.
 - h) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable. (See [Policy ID 612 \(FC\) Evacuation Routes and Plans](#)).
 - i) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions. (See [Policy ID 605 \(FC\) Safety Inspection: Indoor and Outdoor](#) and [Policy ID 613 \(FC\) Janitorial and Maintenance Services](#).)

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- i) Public works custodians log the daily cleaning of the indoor and outdoor premises and keep the record at the site.
 - ii) Public works supervisors monitor the daily cleaning of the indoor and outdoor premises.
- j) Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead.
- k) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.
- l) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, and/or the use of safety plugs.
- m) Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children.
- n) Only sources of water approved by the local or state health authority are used.
- o) Each program obtains and posts documentation of licensing inspection for water supply deemed adequate and approved by State licensing, and the <local sewer authority>, which includes the date of the most recent inspection.
- p) Toilets and hand washing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas are separated from areas used for cooking, eating, or children's activities.
- q) Toilet training equipment is provided for children being toilet trained.
- r) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored and disposed of in a safe and sanitary manner.
- s) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation. (See policies and procedures in the [Disabilities](#) section of this Manual).
- i) A portion of the program budget is allocated to purchase and maintain equipment, toys, materials, and furniture that are developmentally appropriate, safe, and supportive of children with disabilities.
 - ii) When needs for children with disabilities are identified (see [Policy ID 4015 \(ECCD\) Approach to Children with Disabilities](#), and [Policy ID 75006 \(DS\) Individualized Education Plan \(IEP\)/LEA Referral](#)), the program takes steps to fulfill such needs in accordance with the regulations.

2.0 Security

- 2.1 All entry doors are control-accessed that allow staff, enrolled families, and volunteers entry.
- 2.2 Security cameras as recording devices are housed in the main lobby areas of select Head Start/Early Head Start sites.

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Policy ID 601 (FC) Equipment, Toys, Materials, and Furniture

Related Regulations:	<i>1304.53 b 1; 1304.53 b 1 i-vii; 1304.53 b 2-3</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Throughout the year		
Evaluation:	Site inspection/monitoring, Cleaning schedule/log		
Forms:			
Former Policies:	FC02 Equipment, toys, materials and furniture		

Performance Objective: The Head Start/Early Head Start program provides and arranges sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults.

1.0 Equipment, Toys, Materials, and Furniture

1.1 The equipment, toys, materials, and furniture owned or operated by the program is:

- a) Supportive of the specific educational objectives of the local program.
- b) Supportive of the cultural and ethnic backgrounds of the children.
- c) Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities.
- d) Accessible, attractive, and inviting to children.
- e) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore.
- f) Safe, durable, and kept in good condition.
- g) Stored in a safe and orderly fashion when not in use.

1.2 Infant and toddler toys are made of non-toxic materials and are sanitized regularly by Classroom Teaching staff using appropriate disinfectant solution.

- a) Classroom staff keep a record of when toys are sanitized.

As Needed	Daily	Weekly*	Twice Monthly*	Twice Yearly*	Thrice Yearly*
<ul style="list-style-type: none"> ● Surfaces touched frequently ● Walls and ceilings 	<ul style="list-style-type: none"> ● Toilets ● Sinks ● Water fixtures ● Potties ● Wastebaskets ● Carpet (vacuumed) 	<ul style="list-style-type: none"> ● Toys ● Stuffed animals ● Floors 	<ul style="list-style-type: none"> ● Blankets ● Pillowcases 	<ul style="list-style-type: none"> ● Equipment ● Furniture ● Cots 	<ul style="list-style-type: none"> ● Carpet (shampooed)
* And as needed					

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- 1.3 To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys.
 - a) Infants are placed on their backs in their cribs for sleeping.

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Policy ID 603 (FC) Annual Inspections and Program Monitoring for Facilities

Related Regulations:	<i>1304.52 i 2</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Annually		
Evaluation:	<i>Health and Safety Screener</i> >, Licensing reports, Monitoring reports		
Forms:			
Former Policies:	FC10 Facility Correction Plan		

Performance Objective: All programs, including home visitation socializations sites, complete the Grantee-prescribed *Health and Safety Screener and/or Indian Health Service Child Care Caring for our Children Checklist* annually and quarterly to ensure compliance with Federal, State and Local health and safety regulations. The Grantee monitors annually all sites and playgrounds within the first 45 days of program operations.

1.0 Annual Inspection

- 1.1 All personnel are directed to report safety issues or concerns to the appropriate personnel whenever they are apparent.
- 1.2 Program Manager ensures the completion of the *Health and Safety Screener*> annually within the first 30 days of program operations and quarterly.
 - a) Program Management maintain the original or a copy.
 - b) Program Management forward the original or a copy of the *Health and Safety Screener* to the Executive Team and Safety Manager.
- 1.3 The Safety Manager reviews the documentation.
 - a) If repairs need to be made, Program Facilities staff determine who is responsible for doing the repair.
 - i) If Program Facilities staff determine that the repair cannot be done by program staff, he/she will contact the appropriate professional or service provider.
 - ii) Appropriate repairs are made in a timely fashion.
 - iii) In circumstances in which the repair requires extensive time and/or effort, Facilities staff notify the Program Manager of expected timeframe for completion.
- 1.4 Each program conducts daily inspections of indoor and outdoor spaces as outlined in [Policy ID 605 \(FC\) Safety Inspection: Indoor and Outdoor](#).

2.0 Annual Monitoring of Facilities

- 2.1 All personnel are directed to report safety issues or concerns to the appropriate personnel whenever they are apparent.
- 2.2 The Program Manager annually monitors all sites and playgrounds within the first 45 days of program operation.
- 2.3 The Program Manager communicates any problems or weaknesses in the program’s environments, facilities, materials, and/or equipment to the Education Director and Public works Department.
- 2.3 If the problem or weakness is not immediately fixable, the program must submit a corrective action plan.

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2.4 If a program fails to correct a weakness or problem within the required timeframe the Grantee will initiate [Policy ID 11112 \(PDM\) Program Monitoring Follow-up](#).

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Policy ID 604 (FC) Purchasing Materials and Equipment

Related Regulations:	<i>1304.53 a 1-4</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:			
Forms:			
Former Policies:	Finance Procedures		

Performance Objective: The Grantee requires each program to have a system in place for the purchase of materials and equipment.

1.0 Purchasing Materials and Equipment

1.1 Each program purchasing materials and equipment for Head Start or Early Head Start must comply with Federal, State and Local mandates/requirements.

1.2 Requests for purchase of materials, equipment, and services provided to Head Start and/or Early Head Start participants are submitted to the Program Manager for signature approvals.

a) When Classroom Teaching staff identify a need for procurement, they complete the *Requisition Form* to make a request for needed toys, materials, furniture, equipment and/or services, using agency sources and approved vendor list to the Mentor Teacher.

1.4 The Grantee Mentor Teacher reviews the request and submits the verified need to the Program Manager who approves the requisition, and assigned account codes.

1.5 After approval, the *Requisition Form* is sent to the appropriate Fiscal Officer.

a) The selected vendor may change due to pricing, quality, or availability.

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Policy ID 605 (FC) Safety Inspection - Indoor and Outdoor

Related Regulations:	<i>1304.53 a 10; 1304.53 a 10 viii; 1304.53 a 10 xi; 1304.53 a 10 xii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Daily, weekly, monthly, quarterly, annually		
Evaluation:	<i>Classroom Safety Inspection Checklist; Outdoor Play Area/Playground Inspection Checklist</i>		
Forms:			
Former Policies:	FC03 Playground Safety Policy		

Performance Objective: Programs have policies and procedures in place to ensure that indoor and outdoor spaces are safe for children and comply with all applicable performance standards and other requirements.

1.0 Safety Inspection: Indoor and Outdoor

1.1 Program staff inspect Indoor and outdoor premises daily to ensure safety and that they are free of undesirable and hazardous materials and conditions.

1.2 The Classroom Teachers complete daily inspections of the classroom every morning before the children enter.

1.3 The Program Manager arranges for daily inspections by a designated staff person who conducts an inspection of the entire playground every morning before the children enter.

a) The designated staff person utilizes the *Outdoor Play Area/Playground Inspection Checklist* and documents the inspection on the Health and Safety log.

b) The designated staff person checks for potential hazards including but not limited to the following:

i) Overnight vandalism

ii) Dangerous materials and debris (e.g., syringes, glass, trash, etc.)

iii) Wear and tear on playground and equipment

iv) Growth of mushrooms, prickly bushes, poke berry bushes, etc.

1.4 The Program Manager arranges for weekly inspections of non-child areas by a designated staff person who conducts an inspection of the kitchens, staff rooms, training rooms, etc.

1.5 When a hazard is detected, the person conducting the inspection:

a) Removes the hazard if it is safe to do so and records details on the Health and Safety log form, or

b) If immediate removal or remedy is not possible, secures the area (or play structure using caution tape, construction fencing, cones, etc.) to prevent user access and immediately reports the hazard to the Program Manager or designee.

1.6 The person detecting the hazard submits a work order to correct the hazard/concern and documents it on the Health and Safety log.

a) The Program Manager notes on the Health and Safety Log when the work order is completed.

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- 1.7 Classroom Teaching staff conduct visual inspections of designated outdoor play areas before each use.

- 1.8 The Administrative Assistant keeps the completed Health & Safety Log in the binder which is made accessible to the Grantee for review.

- 1.9 The program stores Health and Safety records electronically; paper copies are stored for 5 years and are made available for review upon request.

- 1.10 The Health and Disabilities Coordinator reports compilations of identified concerns to the HAC for input and recommendations.

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Policy ID 606 (FC) Outdoor Environments/Playgrounds and Active Supervision

Related Regulations:	<i>1304.53 a 7-10 viii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	Daily/Ongoing		
Evaluation:	Health and Safety Screener		
Forms:			
Former Policies:	HR11 Staffing Patterns		

Performance Objective: Outdoor environments/playgrounds are kept safe. Maintenance, repair, safety, and security are provided for all Early Head Start and Head Start facilities and equipment on a regular basis.

1.0 Outdoor Environments

- 1.1 All programs provide sufficient and developmentally appropriate equipment, toys, materials, and furniture to meet the needs and participation of children and adults.
- 1.2 Prior to children going outdoors, staff inspect playground areas daily for damaged equipment, glass, or other debris or potential risk hazards.
 - a) Program staff remove hazards from the playground if it is safe to do so and do not allow children access to the playground until all safety issues are resolved.
- 1.3 Playgrounds are fenced and gated to allow emergency exit, but prevent easy entry from the outside.

2.0 Active Supervision of Children

- 2.1 Program staff practice active supervision of children (see [Policy ID 1422 \(TRP\) Children on Buses are Supervised](#) and (see [Policy ID 300A \(HS\) Active Supervision of Children including Transitions](#) and [Policy ID 90002 \(HR/PP\) Standards of Conduct.](#))

3.0 Equipment Inspection

- 3.1 Program Management conduct a comprehensive inspection of equipment, materials, and facilities quarterly.
- 3.2 If there are any concerns (safety violations), Program Management send a work order request to the Grantee Facilities department.
- 3.3 The Public Works Department processes the work order request and determines the appropriate course of action.

4.0 Landscaping

- 4.1 The outdoor environment is kept safe and free of hazards.
- 4.2 Landscaping is kept weed-free by the maintenance department hand pulling the weeds (no use of harmful chemicals or salt).

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4.3 Harmful pesticides and herbicides are not used in or on playground areas; all products used must be administered when no children are present.

5.0 Signage

5.1 The following signs are posted on or near every playground:
No Smoking
No Weapons
Drug Free Zone

6.0 Related Policies

6.1 See also [Policy ID 612 \(FC\) Evacuation Routes and Plans](#) and [Policy ID 303 \(HS\) Medical, Dental and General Emergencies](#).

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Policy ID 607 (FC) Flammable and Hazardous Materials Storage

Related Regulations:	<i>1304.53 a 10 ii-iii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
			Approval Date
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Program Policies and Procedures		
Forms:			
Former Policies:	FC07 Hazardous Substance Policy		

Performance Objective: Programs must have policies and procedures in place that ensure dangerous materials are stored in a way that protects the safety of children.

1.0 Storing Flammable and Hazardous Materials

1.1 Program policies and procedures address how all flammable and dangerous materials are stored in locked storage areas, closets, and/or cabinets that are inaccessible to children.

(A) Hazardous substances include cleaning chemicals, some art materials, duplicating fluids, other office chemicals, pesticides, health and beauty aids, heating fuels, poisons and other substances which are toxic, corrosive, considered a flammable, or highly reactive.

(B) A list of all cleaners, office chemicals, pesticides poisons and other hazardous materials used at the facility will be compiled. Non-toxic chemicals will be substituted for toxic chemicals whenever possible. The list of hazardous materials will be included in a location accessible to all employees at all times along with Material Safety Data Sheets (MSDS) for all applicable materials.

(C) Any unlabeled hazardous material that can be identified will be properly labeled or disposed of in accordance to the instructions in the MSDS for that chemical.

(D) During employee orientation each new employee will be provided with information on hazardous materials used at the facility. All of the Material Safety Data Sheets for hazardous materials used in the program will be reviewed with the employees during orientation.

(E) The program will use only non-toxic art materials. When any new art material is brought into the facility program staff will inspect it to be sure they are non toxic and properly labeled.

(F) The Program Manager will ensure that all new paint applied to either the inside or outside of the Center, including playground equipment, does not contain hazardous quantities of lead (Pb) exceeding 0.06 percent Pb (the label on paint will usually indicate the lead content as PbO2 or PbO4).

(G) The Program Manager will maintain a listing of all hazardous building materials at the center including lead based paint, formaldehyde, and asbestos.

(H) The Program Manager will maintain all sampling results, assessment reports and abatement plans for any hazardous materials at the center. Any hazardous material which impacts the program will have an abatement plan developed and approved by the Health Advisor with input from environmental health.

(I) Fact sheets on hazardous materials such as lead based paint, asbestos, radon and other hazardous materials will be provided to parents and guardians to help parents understand hazardous materials they may have at their homes.

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- (J) The Program Manager will maintain a list of all plants in the facility and will check with a poison control center to determine if any are poisonous. Any plant that is poisonous or has parts that are poisonous will be displayed in a manner to make it inaccessible to children, or will not be allowed in the facility. Refer to page 357 of "Caring for Our Children" for a partial listing of known poisonous plants.
- (K) Staff will keep all plants out of the children's reach. Children will be taught to never eat house plants.
- (L) When not in use all toxic substances will be stored in a locked area separate from foods and medications.

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Policy ID 608 (FC) Water Waste, Sewage, and Trash

Related Regulations:	<i>1304.53 a 7; 1304.53 a 10 viii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		Approval Date
Approved by:	Tribal Council		Approval Date
Responsibility:	Program Manager		
Timeline:	Daily/Ongoing		
Evaluation:	Health and Safety Screener, State licensing		
Forms:			
Former Policies:			

Performance Objective: Water waste, sewage, and trash are disposed of in accordance with these procedures and applicable regulations.

1.0 Water Waste, Sewage, and Trash

- 1.1 All Head Start and Early Head Start sites are served by an approved water and sewage system.
- 1.2 Public Works staff provide adequate trash receptacles for classrooms, restrooms, kitchens, and home visit socializations.
- 1.3 All garbage and trash is stored in a safe, sanitary manner.
 - a) Dumpsters with lids are stationed at each site.
 - b) Public Works staff arrange for timely pickups.

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Policy ID 609 (FC): Fire Prevention, Fire Extinguishers and Smoke Detectors

Related Regulations:	<i>1304.53 a 10 v-vii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Licensed professional provides written report and documentation; Health and Safety Screener		
Forms:			
Former Policies:	FC04 Fire Suppression Policy; FC05 Fire Protection Policy; FC06 Fire Detection Policy		

Performance Objective: All Head Start and Early Head Start sites have approved, working fire extinguishers that are readily available.

1.0 Each Program Promotes Fire Safety Practices

1.1 All Grantee-funded Head Start and Early Head Start sites are appropriately equipped with building materials that detect fire and ensure fire safety (for example: smoke detectors, fire suppression system, sprinklers, fire alarms, etc.)

1.2 To prevent the occurrence of a fire and to ensure the health and safety of the children, staff, and visitors in the event of a fire, the following actions will be taken:

- a) Highly flammable materials will not be kept in the Head Start and Child Care facility.
- b) The staff will be alert to conditions that create fire hazards.
- c) All emergency exits will be left unobstructed, unlocked during hours of school, and clearly labeled with large "EXIT" signs.
- d) The staff will develop a fire plan for the program that will be posted. The fire plan includes routes of evacuation from all areas of the facility, fire extinguisher locations, locations of smoke detectors, and the location of the outside assembly point (See Section C of the Emergency Preparedness Plan for the Evacuation Procedure).
- e) The staff will receive annual training on the fire safety policies and procedures, the use of fire extinguishers, and the safe evacuation of children. The attendance and content for this training will be documented in the training files.
- f) Fire drills will be conducted as follows:
 - (i) At least one time per month, with two drills conducted the first two weeks of school.
 - (ii) All children, staff, and visitors will participate in fire drills.
 - (iii) Staff observe the fire drill response and document the results on the appropriate form.
- g) The closest responding fire station to the Center is located approximately 2.5 miles from the Center with an average response time of 5 minutes.
- h) The Program Design Manager will notify the Health Advisor of any fire emergency that involved the Head Start and Child Care program. The notification will include what the fire emergency was, the

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suspected cause, the date and time of the emergency, the actions taken by the staff, any injuries and the damage to the facility that occurred.

2.0 Fire Prevention: Fire Extinguishers

2.1 Program Public Works staff perform annual inspections and maintenance as needed, which includes:

- a) Checking fire extinguishers for proper mounting,
- b) Filling the fire extinguishers with foam as necessary, and
- c) Updating fire extinguisher tags monthly.

3.0 Fire Prevention: Smoke Detectors

3.1 Program Public Works staff periodically test smoke detectors as applicable.

3.2 Program Public Works Staff document and file the results of the smoke detector tests, which are available for Grantee review.

4.0 The Fire Department

4.1 The Fire Department or Indian Health Services annually inspects programs for fire safety and prevention **when invited by Safety Manager or Program Manager to do so.**

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Policy ID 610 (FC) Facility Licensing

Related Regulations:	<i>1306.60 c; 1304.53 a 6; 1304.23 3; Local law</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Immediately before license expires		
Evaluation:	Current license posted; Health and Safety Screener		
Forms:			
Former Policies:			

Performance Objective: ~~Each program complies with facility licensing requirements.~~ **The Redding Rancheria is exempt from state and local licensing requirements but voluntarily complies with the Indian Health Service and Tribal Child Care Licensing standards.**

1.0 Facility Licensing

1.1 Inspection reports are posted.

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Policy ID 611 (FC) Smoke-Free Environment

Related Regulations:	<i>1304.53 a 8</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing; Throughout the year		
Evaluation:	Posted "No Smoking" signs; Staff training documentation		
Forms:			
Former Policies:	Head Start Grant Applications		

Performance Objective: Head Start, Early Head Start and all program sites provide Smoke-Free environments.

1.0 Head Start and Early Head Start Sites

- 1.1 Smoking is not allowed inside any Head Start or Early Head Start premise, which includes classrooms, bathrooms, kitchens, central offices, and parent resource rooms or areas.
- 1.2 There is no smoking anywhere on the Head Start campus.
- 1.3 Program staff maintain legible "No Smoking" signs in a conspicuous place at the entrance of the center.
- 1.4 This policy is in effect during on-site training for staff development.
- 1.6 Smokers are required to be out of the children's sight, away from main entrances to the building, and at least one hundred feet away from all entrances to the building while smoking.

2.0 Off-site/Outside Activities

- 2.1 Grantee-sponsored activities are smoke free.
- 2.2 Outdoor activities/functions that include adults should have a designated smoking area at least one hundred feet away from the activity area.

3.0 Grantee-owned and Personal Vehicles

- 3.1 There is no smoking in Grantee-owned vehicles at any time.
- 3.2 No Smoking signs are visible in each Grantee-owned vehicle.
- 3.3 There is no tobacco use in personal vehicles when transporting persons on authorized Head Start or Early Head Start activities.

4.0 Breaks

- 4.1 Supervisors discuss the issue of smoking breaks with their staff and together they develop effective solutions that do not interfere with the productivity of the staff or with the health of the children.

5.0 Home Visits and Socializations

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5.1 Program staff do not smoke in the presence of children and families during any home visit.

5.3 Head Start/Early Head Start staff request that parents refrain from smoking during home visits.

a) Parents are informed of the smoke-free policy request prior to the home visit.

6.0 Smoke-Free Environment Training

6.1 During employee orientation, all program staff are trained on the Smoke Free Environment policies and procedures.

6.2 Volunteers, parents, and participants are informed through the following methods:

a) The No Smoking policy is stated in the parent handbook.

b) "No Smoking" signs are posted in program facilities and vehicles.

c) Reminders about the No Smoking policy are made during parent orientation, center committee meetings, and Policy Council meetings and training.

d) Other communication mechanisms deemed appropriate by the Program Manager.

6.3 The program's Human Resources team facilitates access to assistance for staff members who wish to quit smoking.

7.0 Violations

7.1 Any violations of this policy are handled through the standard disciplinary procedure.

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Policy ID 612 (FC) Evacuation Routes and Plans

Related Regulations:	<i>1304.53 a 10 vii (Postings); 1304.22 a 3 (Monthly Drills)</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Local fire department or contracted fire safety vendor; Local/state licensing authorities; Health and Safety Screener		
Forms:			
Former Policies:	FC09 Emergency Exit Plan		

Performance Objective: All Head Start and Early Head Start sites have evacuation routes posted and clearly marked.

1.0 Evacuation Routes and Plans

- 1.1 Each site has an evacuation diagram for emergencies, tornadoes, severe weather, etc. and fire exits marked and posted in each classroom.
- 1.2 All perimeter evacuation exits are marked with lighted exit signs that are regularly checked for burned-out bulbs.
- 1.3 Program staff and volunteers understand how and when to use evacuation routes.
- 1.4 Program staff are responsible for keeping the evacuation routes clear of obstacles or safety hazards.
- 1.5 The Grantee expects programs to translate evacuation routes and plans to the languages represented in the classroom.

2.0 Case of Fire or other emergency

- 2.1 In case of a smoke or fire emergency, Program staff first tend to the safety of the children before accessing the fire extinguishers.
- 2.2 In cases of fire, an alarm will sound as the emergency signal to evacuate the building
 - a) In all other situations, a verbal announcement will be made to indicate the need to and the reason for evacuation.
 - b) In the event of an emergency, the Classroom Teacher and Assistant will gather the children and, with all other employees and visitors, shall evacuate by means of the nearest available marked exit. Teachers are responsible to bring the daily attendance and emergency contact information binder with them.
 - c) In the event of a fire, only those individuals who have participated in the annual fire extinguisher training are authorized to use the portable fire extinguishers to attempt to extinguish incipient stage fires before evacuating. All others shall evacuate immediately.
 - d) Office staff (the Child Care Program Assistant and/or the Health & Disabilities Coordinator, or other office staff) will conduct a sweep of the classrooms, checking for persons that may have been left behind or need assistance. In the event that office staff are not available, other adults not supervising children will assume this responsibility.
 - e) After an emergency evacuation, all children, visitors, and employees are to gather in the holding area, outside the tribal offices. Everyone will remain in the gathering area until released by the Program Manager, or other person in charge

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e)After an emergency evacuation, the sign-in sheet will be used to account for all children, visitors, and staff. The Program Manager (or person in charge at the time) is responsible for bringing the sign-in/out clipboard when the alarm sounds.

f)The Program manager (or designee) will contact the Education Director with an update of the situation.

g)For further assistance with emergency evacuation procedures, the following individuals may be contacted: Head Start Program Manager or Redding Rancheria Safety Coordinator.

2.0Reporting

2.1 The Program manager (or designee) will prepare a report which will include the date and time of evacuation, the reason for the evacuation, the number of children and staff and visitors involved, if emergency contact procedures were implemented, and changes that will be made to the emergency evacuation procedures, if any, as well as any long term implication of the emergency.

3.0 Fire Safety and Prevention Education

3.1 Classroom Teaching staff include fire safety and fire prevention education in their lesson plans. Including "Stop, drop and roll."

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Policy ID 613 (FC) RR Power Outage

Related Regulations:	<i>1304.53 a 10 vii (Postings); 1304.22 a 3 (Monthly Drills)</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Local fire department or contracted fire safety vendor; Local/state licensing authorities; Health and Safety Screener		
Forms:			
Former Policies:	FC08 Power Outage Policy		

Performance Objective: All Head Start and Early Head Start sites have a plan to address power outage.

1.0 In the event of a power outage, the Head Start and Child Care Program Manager, or person in charge will use a cell phone to call the receptionist at the tribal offices to determine if the outage includes all the Rancheria, or is happening at the Children's Center only. Note: Since the phones also run on electricity and may not operate during an outage, staff are directed to use the cell phone in the buses and the vans.

1.1 In the event the utility company has not been contacted, that person will call Redding Electric to report the outage; telephone number: 245-7000.

1.2 The Program Manager, or person in charge will than call the Fire Alarm company, California Safety Company at 243-2521.

1.2 The teachers will explain to the children that the electricity has gone off, and resume activities.

1.4 Provided there is no safety hazard, school will proceed normally.

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Policy ID 614 (FC) RR Closing Procedures

Related Regulations:			
Revised by:	Diane Coe, Program Manager	Revision Date:	03/03/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Local fire department or contracted fire safety vendor; Local/state licensing authorities; Health and Safety Screener		
Forms:			
Former Policies:	FC08 Power Outage Policy		

Performance Objective: To ensure safe and thorough nightly closure of the Head Start facility.

1.0 Lock Up

1.1 Nightly, Head Start and Child Care staff shall complete the facility Lock Up Procedure to ensure all doors and windows are locked, and any appliances other than the refrigerators and freezers are turned off.

1.2 Teachers are responsible to ensure all toys are put away to facilitate the custodial crew's work.

2.0 Student Pickup

2.1 At least two approved staff member must remain until all students have been picked up AND the school busses have returned.

2.2 Any parent who arrives after 5:30 closing time must be given a late pickup notice

2.3 Should a parent not arrive by 5:30 see Policy #219 as below:

- a) The Center closes at 5:30; there is no grace period.
- b) After 5:30, parents are considered late, and are charged \$10.00 per any part of 15 minutes. Example, if you arrive at 5:40 PM, you will be assessed a \$10.00 late fee; if you arrive at 5:55, the late fee is \$20.00, etc.
- c) If the parent has not arrived by 6:30 PM and the staff cannot reach anyone on the approved pick up list, the Redding Rancheria Children and Family Services will be called.
- d) Under no circumstances do you take the child home with you. Staff wait until they arrive.

2.4 When all children have gone for the day, and the school busses have returned, staff may lock up the building and go home.

2.5 For the safety of all staff, employees should be aware of the parking lot when leaving. Whenever possible, staff will leave in pairs.

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Part 1303 Subpart F — Transportation (TR)

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Policy ID 130370 (TR) Providing Transportation Support

Related Regulations:	1303.70 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council	Approval Date:	
Approved by:	Tribal Council	Approval Date:	
Responsibility:	Program Manager		
Timeline:	Throughout the program year		
Evaluation:	Safe provision of transportation of children		
Forms:			
Former Policies:	TR05 Reasonable Support		

Performance Objective: The program either provides transportation services directly or through contract or provides reasonable assistance for enrolled children to attend program activities.

1.0 Providing Transportation Services

1.1 If the program does not provide transportation services, either for all or a portion of the children, it provides reasonable assistance, such as information about public transit availability, to the families of enrolled children to arrange transportation to and from its activities.

a) The program provides information about these transportation options in recruitment announcements.

1.2 When providing transportation, the program makes reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services. (See [Policy ID 1425 \(TRP\) Coordinated Transportation.](#))

1.3 When providing transportation, the program ensures any accident involving vehicles that transport Head Start/Early Head Start children are reported in accordance with applicable state requirements (see [Policy ID 1405 \(TRP\) Bus Accidents.](#))

2.0 Waiver

2.1 The program may request to waive a specific requirement in 1303.70 through 1303.75, in writing, to the responsible HHS official, as part of the agency's annual application for financial assistance or amendment and submits any required documentation the responsible HHS official deems necessary to support the waiver.

a) The responsible HHS official is not authorized to waive any requirements with regard to children enrolled in an Early Head Start program.

b) The program may request a waiver when:

i) Adherence to a requirement in this part would create a safety hazard in the circumstances faced by the agency; and,

ii) For preschool children, compliance with requirements related to child restraint systems at §§1303.71 d and 1303.72 a 1 or bus monitors at §1303.72 a 4 will result in a significant disruption to the program and the agency demonstrates that waiving such requirements is in the best interest of the children involved.

2.2 The responsible HHS official is not authorized to waive any requirements of the Federal Motor Vehicle Safety Standards (FMVSS) made applicable to any class of vehicle under 49 CFR part 571.

link content to pols yet to add

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2.3 Because of the constraints of bus capacity, distance and time, not all transportation requests to the Redding Rancheria Head Start can be served. When school bus transportation is not available, the following reasonable assistance shall be offered to parents:

- a) Parents are informed in advance, of the RRHS Policies and Procedures pertaining to transportation and must sign a Transportation Agreement prior to receiving transportation services.
- b) For families living outside our bussing area, no assistance is available. Parents wishing to enroll must self transport either to school or to the nearest bus stop at their own expense.
- c) To be eligible for reasonable transportation assistance, families :
 - i) must be income eligible
 - ii) must live within the bussing area and are not offered a stop within walking distance
 - iii) must not have any other means of reliable transportation
 - iv) must maintain 85% attendance
- d) Reasonable assistance means:
 - i) Parents may request assistance for up to \$10.00 per week in gas coupons, with a maximum of \$120 per year, or
 - ii) Up to \$120 in taxi vouchers to transport to the nearest bus stop
 - iii) Both of the above contingent upon budget fund availability
- e) Parents who fall behind in attendance (more than two unexcused absences during the prior four week period) may or may not be considered for transportation assistance based on their attendance history. Head Start staff will make the decision. Repeated poor attendance excludes a family from reasonable transportation assistance, as the poor attendance is continuing.
- F) An annual budget of \$2,400 shall be allocated for "reasonable assistance." When these funds are expended, no further assistance is available.

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Policy ID 1400 (TR) Provision of Transportation of Children

Related Regulations:	<i>1310.10 a-g; 1310.12 a; 1310.12 b 1-2; 1310.13 a</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Safe provision of transportation of children		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures; PP03 Drug and Alcohol Procedures for School Bus Drivers.		

Performance Objective: For families who need transportation in order for their children to attend the program, the program assists them in obtaining transportation either directly or through contract.

1.0 Provision of Transportation of Children

- 1.1 All Bus Drivers abide by California Department of Motor Vehicles; Bureau of Motor Vehicles laws (for example, all buses must stop before crossing a railroad. All school bus drivers must be enrolled in a random drug pull and must submit for unannounced drug testing. See <http://www.oecd.org/Downloads/Transportation%20Operation%20and%20Safety%20Rules%202013.pdf>).
- 1.2 Each program assists as many enrolled families as possible in obtaining transportation in order for their children to attend the program.
 - a) ERSEA staff ask families about their transportation needs when families enroll their children in Head Start or Early Head Start.
 - b) The types of transportation options are made clear to all prospective families in the program’s recruitment announcements, translated as required.
- 1.3 When the program does not directly provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from Head Start/Early Head Start activities.
- 1.4 Each program is responsible for compliance with the applicable requirements when providing transportation services (Head Start Performance Standards, State regulations and child care licensing rules for transportation.)
- 1.5 When transportation is provided via contract with a licensed transportation provider, the program must ensure the compliance of the transportation provider with the applicable requirements.
- 1.6 All vehicles used in providing Head Start/Early Head Start transportation services are equipped with:
 - a) A two-way communication system and back-up to call for assistance in case of an emergency
 - b) Safety equipment for use in an emergency, including a charged fire extinguisher that is properly mounted near the driver’s seat and a sign indicating its location
 - c) A well-stocked First Aid kit and a sign indicating the location of such equipment
 - d) A seat belt cutter for use in an emergency evacuation and sign indicating its location

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- e) Height- and weight- appropriate restraint systems, and
 - f) Reverse beepers.
- 1.7 All accidents involving vehicles that transport children receiving Head Start/Early Head Start transportation services are reported in accordance with applicable Head Start Performance Standards, State and local requirements.
- a) The Program Manager is responsible for notifying parents of children onboard a bus if an accident occurs.
- 1.8 Each program ensures that children are only released to a parent or legal guardian or other individual identified in writing by the parent or legal guardian. This applies to all pick-ups and drop-offs of enrolled children.
- a) Whether transportation services are provided directly or through a Contractor, Transportation staff daily provides each Bus Driver with a current roster of children and authorized pick-up persons for that route.
 - i) Bus Drivers must be able to recognize the persons designated in writing as approved to pick up each child.
 - b) The Bus Driver and Bus Monitor are responsible for checking to make sure no child is left on the bus at the end of the route.
 - c) If no parent is at a stop to meet a child exiting the bus, the Bus Driver continues the bus route then returns the child to the center.

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Policy ID 130371 (TR) Vehicles

Related Regulations:	1303.71		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Daily checks throughout the program year		
Evaluation:	<i>Daily Pre-Trip Inspection Checklist</i>		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: The program complies with regulations regarding the required use of school buses or allowable alternate vehicles.

1.0 Vehicles

- 1.1 The program, with the exception of transportation services to children served under a home-based option, ensures all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternate vehicles that are equipped for use of height- and weight-appropriate child restraint systems, and that have reverse beepers.
- 1.2 The program ensures each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguisher, and first aid kit.
- 1.3 The program ensures any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection required under 1303.71 e 2 i.
- 1.4 The program ensures each vehicle used to transport children receiving such services is equipped for use of age-, height- and weight-appropriate child safety restraint systems as defined in part 1305.
- 1.5 The program ensures vehicles used to provide such services are in safe operating condition at all times.
 - a) The program:
 - i) At a minimum, conducts an annual thorough safety inspection of each vehicle through an inspection program licensed or operated by the state;
 - ii) Carries out systematic preventive maintenance on vehicles; and,
 - iii) Ensures each driver implements daily pre-trip vehicle inspections. (See [Policy ID 1401 \(TR\) Daily Pre-Trip Inspection of Program Buses.](#))
- 1.6 The program ensures bid announcements for school buses and allowable alternate vehicles to transport children enrolled in the program include correct specifications and a clear statement of the vehicle’s intended use.
 - a) The program ensures vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer’s certification of compliance with the applicable FMVSS is included with the vehicle.

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Policy ID 1401 (TR) Daily Pre-Trip Inspection of Program Buses

Related Regulations:	1310.13 c; 1303.71 e 2 iii		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Daily		
Evaluation:	Completed Pre-Trip Inspection Checklist		
Forms:			
Former Policies:	TR01 Transportation Services & Procedures		

Performance Objective: All Bus Drivers operating vehicles on behalf of the Head Start/Early Head Start Program conduct daily pre-trip inspections.

1.0 Inspection: Daily Pre-Trip Inspection

- 1.1 Before using the vehicle, each Bus Driver performs a daily pre-trip inspection of the bus.
- 1.2 Bus Drivers complete the *:Daily Pre-Trip Inspection Checklist* and submit it to the designated Transportation staff.
 - a) The Bus Driver documents on the *Daily Pre-Trip Inspection Checklist* any problems or defects and submits the checklist to the designated Transportation staff immediately.
 - b) Buses must pass the daily pre-trip inspection before they can be used for the transportation of children.
 - c) If there are any issues regarding bus safety, the Transportation staff, arrange for use of an alternate bus if possible.
- 1.3 Bus Drivers comply with requirements of State law regarding bus inspection and with 45 CFR 1310.13 c.

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Policy ID 130372 (TR) Vehicle Operation

Related Regulations:	1303.72		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Throughout the program year		
Evaluation:	Monitoring, employee files		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: The program ensures transportation safety to the extent practicable.

1.0 Vehicle Operation

1.1 For safety purposes, the program ensures:

- a) Each child is seated in a child restraint system appropriate to the child's age, height, and weight;
- b) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times;
- c) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,
- d) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.

1.2 The program, with the exception of transportation services to children served under a home-based option, ensures drivers, at a minimum:

- a) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as the vehicle the driver will operating; and,
- b) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.

1.3 In addition to the applicant review process of 1302.90 b, the program, with the exception of transportation services to children served under a home-based option, ensures the applicant review process for drivers includes, at minimum:

- a) Disclosure by the applicant of all moving traffic violations, regardless of penalty;
- b) A check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register, if available;
- c) A check that drivers qualify under the applicable driver training requirements in the state or tribal jurisdiction; and,

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d) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

1.4 The program ensures any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.

a) This training includes:

i) Classroom instruction and behind-the-wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,

ii) Instruction on the topics listed in §1303.75 related to transportation services for children with disabilities.

b) The program ensures the annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road performance.

1.5 The program trains each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct and pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in §1302.47 b 4 including Cardio Pulmonary Resuscitation (CPR) and first aid.

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Policy ID 130373 (TR) Trip Routing

Related Regulations:	1303.73		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Before beginning of program year		
Evaluation:	Appropriate Transportation documentation		
Forms:			
Former Policies:	TR03 Route and School Closures		

Performance Objective: The program considers safety of the children it transports when it plans fixed routes.

1.0 Trip Routing

1.1 The program also ensures:

- a) The time a child is in transit to and from the program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical;
- b) Vehicles are not loaded beyond maximum passenger capacity at any time;
- c) Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers;
- d) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle;
- e) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle;
- f) Either a bus monitor or another adult escorts children across the street to board or leave the vehicle if curbside pick-up or drop off is impossible; and,
- g) Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.

2.0 Redding Rancheria

2.1 The Redding Rancheria School Bus drivers will decide if conditions are not safe for operating the school busses. They will take into account road conditions, fog, snow, ice, etc.

a) School bus operations shall be limited when atmospheric conditions reduce visibility on the roadway to 200 feet or less during regular home-to school transportation service. Bus driver for school activity trips shall have the authority to discontinue bus operation whenever they determine that it is unsafe to continue operation because of reduced visibility. (Vehicle Code 34501.6)

2.2 While in route, should drivers determine it is necessary to change the route, due to unforeseen circumstances, the driver will call the Head Start center immediately and notify the HS staff as well as the WR Transportation manager about the change and what alternative route they will be taking.

2.3 If they decide it is unsafe for busses to leave the yard, parents will receive a "One Call" automated phone message.

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2.4 If the bus route is cancelled or delayed due to mechanical failure, you will likewise receive a "One Call" automated phone message.

2.5 If public schools in the Anderson-Cascade District announce they are closed prior to 7:00 AM due to severe weather, please contact us at 225-8925 to see if the Rancheria Head Start and Child Care programs are also closed. The decision to close programs shall be made by the Tribal CEO.

2.6 If inclement weather is extreme, the Rancheria may close early. You will be contacted.

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Policy ID 130374 (TR) Safety Procedures

Related Regulations:	1303.74		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Before or during first bus ride; evacuation drills as scheduled		
Evaluation:			
Forms:			
Former Policies:	HS04 Injury Prevent		

Performance Objective: The program ensures children who receive transportation services are taught safe riding practices.

1.0 Safety Procedures

- 1.1 The program ensures children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.
- 1.2 When the program provides transportation services it ensures at least two bus evacuation drills in addition to the one required under 1303.74 a are conducted for each bus during the program year.

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Policy ID 130375 (TR) Transporting Children with Disabilities

Related Regulations:	1303.74		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	NEW> This is a change from our previous practice. Previously we would rely on School District as part of the IEP.		
Responsibility:	Program Manager		
Timeline:	Daily throughout the program year		
Evaluation:			
Forms:			
Former Policies:	DS01 Disabilities Service Plan; CP01 Community Partnerships		

Performance Objective: The program ensures school buses or allowable alternate vehicles are adapted or designed for transportation of enrolled children with disabilities.

1.0 Safety Procedures

1.1 The program ensures there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program.

a) This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee.

b) Whenever possible, children with disabilities are transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.

1.2 The program ensures special transportation requirements in a child’s IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.

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Policy ID 1402 (TRP) Post Trip/Placard Policy

Related Regulations:	<i>1310.10 g; 1304.52 h 1 ii</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	Needs attention		
Responsibility:	Program Manager		
Timeline:	Daily throughout the program year		
Evaluation:	Placard placements		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: Head Start/Early Head Start Bus Drivers ensure that no child or their belongings are left on the bus after arrival at destination.

1.0 Post-Trip/Placard Policy

1.1 Each Bus Driver reads and signs the **Acknowledgement of Placard Policy Form.** (new need to create)???

a) A copy of the signed Form is kept in the office.

1.2 The Grantee requires that each Bus Driver and Bus Monitor perform the post-trip walk through of the bus after dropping off children at each site and before departing the bus.

a) When the post-trip walk through shows no children or belongings remain on the bus, the Bus Driver or Bus Monitor displays the "EMPTY" placard in the top center rear window.

1.3 During the post-trip walk through the Bus Driver carefully looks for children, personal belongings, damage to the bus or any suspicious objects that may have been left behind.

1.4 This practice takes place after morning routes, mid-day routes, and afternoon routes including field trips and any other Head Start/Early Head Start uses.

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Policy ID 1403 (TRP) Designated Bus Stops

Related Regulations:	1304.20		
Revised by:	<Name and JobTitle>	Revision Date:	03/06/2017
Approved by:	<Name and JobTitle>	Approval Date:	<MM/DD/YYYY>
Responsibility:	<JobTitle/s>		
Timeline:	Ongoing		
Evaluation:	Completion of route sheets for designated bus stops		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: The Transportation Supervisor predetermines the bus stops for all feasible locations ensuring safety prior to the bus routing.

1.0 Designated Bus Stops

1.1 Head Start/Early Head Start bus stop locations provide maximum safety for pupils.

- a) When planning bus stops the program’s Transportation staff takes into consideration:
 - i) The distance from the child’s home
 - ii) Traffic volume
 - iii) Physical characteristics of route
 - iv) Visibility
 - v) Weather conditions.

1.3 Head Start/Early Head Start bus stops are established on the safest side of the road.

1.4 The Head Start/Early Head Start bus stops are located at a safe distance from the crest of a hill or curve to allow motorists traveling at or under the posted speed limit sufficient time to stop. If the line of sight is less than 500 feet in either direction, a “school bus stop ahead” sign is installed at least 500 feet in advance of the school bus stop.

1.5 The Transportation staff prepares a detailed routing sheet for each bus.

- a) The Bus Drivers are review the route and are familiar with the bus stops.

1.6 The Transportation staff communicates any changes to existing pick-up or drop-off stops before they take effect.

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Policy ID 1405 (TRP) Bus Accidents

Related Regulations:	1310.10 f; 1303.70 b 3		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	Find state form and create a local form		
Responsibility:	Program Manager		
Timeline:	Daily throughout the program year		
Evaluation:	Completion of appropriate forms		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: The Grantee ensures that all accidents involving vehicles that transport children receiving Head Start/Early Head Start services are reported in accordance with applicable Federal, State and local requirements.

1.0 Bus Accidents

- 1.1 Every effort is made to prevent bus accidents from occurring.
- 1.2 Designated Transportation staff notify the Transportation Supervisor and Head Start Program Manager of all Head Start/Early Head Start specific vehicular accidents.
 - a) The Transportation Supervisor helps to ensure that Transportation staff follow all appropriate procedures.
- 1.3 In the event of an accident, the Bus Monitor tends to the children first.
 - a) The Bus Monitor immediately evaluates the need for First Aid assistance.
 - b) The Bus Driver immediately calls 911 or EMT for assistance.
 - c) If feasible, the Bus Driver drives the bus to a safe place.
 - d) The Bus Driver determines if an evacuation is necessary. (See also [Policy ID \(TRP\) 1417 Bus Emergency Evacuation](#) for procedures).
 - e) The Bus Driver then notifies designated Transportation Supervisor and Program Manager and proper law enforcement agency of the accident.
 - i) Transportation Supervisor arranges for alternate buses and drivers/monitors as needed.
 - ii) If second bus is not available, Program Manager arranges for child pick up
 - f) The Program Manager or designee notify the parents/guardians of the situation and anticipated delay.
 - g) The Bus Driver and Bus Monitor protect the children to the extent feasible.
 - h) No bus riders should tamper with the scene of the accident unless an emergency situation (such as fire) requires it, in which case law enforcement, fire department, EMT, etc. take charge.
 - i) As soon as possible after the accident, the Employer ensures that the Bus Driver gets a drug screening as required by state law.
- 1.4 Program Management contacts insurance regarding the accident within 24 hours of its occurrence.

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2.0 Documentation

- 2.1 The Bus Monitor fills out the *Head Start Accident Report Form* and submits it to the contracted service, which submits it to the Transportation Supervisor and Program Manager.
- 2.2 The Bus Driver fills out the State *Form for reporting school bus accidents* and submits it to the Transportation Supervisor and Program Manager.
- 2.3 The Program Manager creates a file on the accident which includes both forms.

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Policy ID 1408 (TRP) Transportation Staff Training

Related Regulations:	<i>Part 1310</i>		
Revised by:	<Name and JobTitle>	Revision Date:	03/06/2017
Revised by:	Diane Coe, Program Manager	Revision Date:	<MM/DD/YYYY>
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Evaluation:	Training completion certification		
Forms:			
Former Policies:	HR07 Training and Development		

Performance Objective: Transportation staff training comes in two forms: educational training for the purposes of child development and education; and transportation safety procedures.

1.0 Transportation Staff Training: ECD

1.1 At the beginning of the program year and mid-year, the Mentor Teacher trains all Transportation staff in supporting child development and education.

a) For example, ECD training related to transportation includes use of music on the bus, appropriate finger plays, singing songs, etc.

2.0 Transportation Staff Training: Safety

2.1 Annually the Contractor and/or Transportation Department provide required transportation safety training to the persons employed to drive vehicles and other Transportation staff as applicable.

2.2 Each year, Bus Drivers receive a combination of classroom instruction and behind-the-wheel instruction sufficient to enable each Bus Driver to:

- a) Operate the vehicle in a safe and efficient manner
- b) Safely run a fixed route, including loading and unloading children, stopping at railroad crossings and performing other specialized driving maneuvers
- c) Administer basic First Aid in case of injury
- d) Handle emergency situations, including vehicle evacuation procedures
- e) Operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints
- f) Conduct routine maintenance and safety checks of the vehicle
- g) Maintain accurate records as required.

2.3 The Health and Disabilities Coordinator, with participation of other professionals as necessary, provides instruction on the Head Start Program Performance Standards regarding transportation for children with disabilities (45 CFR 1303.75).

2.4 Each program ensures that before Bus Drivers and Bus Monitors assigned to vehicles used to provide transportation services begin their duties, they are trained on:

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- a) child boarding and exiting procedures
- b) use of child restraint systems
- c) required paperwork
- d) responses to emergencies
- e) emergency evacuation procedures
- f) use of special equipment
- g) child pick-up and drop-off procedures
- h) pre- and post-trip vehicle check.

2.5 The Administrative Assistant keeps and file records of required training received, including the dates and types of training, in the employee files; a copy is provided to Transportation Supervisor..

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Policy ID 1409 (TRP) Fueling Buses

Related Regulations:	(1303.71 e 1)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Completion of Daily Pre-Trip Inspection Checklist		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: Program buses are fueled in accordance with these procedures.

1.0 Fueling Buses

1.1 Bus Drivers are responsible for fueling their bus prior to the transporting of children.

1.2 The following actions are prohibited:

- a) Fueling the bus with children on board.
- b) Smoking while fueling the bus.

1.3 Contractor fuel expenses are covered by contract.

1.4 The delegate program charges fuel expenses to the Head Start Transportation account.

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Policy ID 1410 (TRP) Scheduled Bus Inspection (State Highway Patrol)

Related Regulations:	<i>1310.13 a</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	Check with Matt about twice per year?		
Responsibility:	Program Manager		
Timeline:	Twice a year		
Evaluation:	Completion of Vehicle Inspection Report; Inspection Stickers		
Forms:			
Former Policies:	TR01 Transportation Services and Procedures		

Performance Objective: To help ensure that program vehicles are maintained in safe operating condition at all times, each program establishes and implements these procedures for a thorough safety inspection of each vehicle on at least an annual basis through an inspection program licensed or operated by the State.

1.0 Scheduled Bus Inspection

1.1 All vehicles operated by the Grantee and its delegates receive bi-annual safety inspections by the State Highway Patrol.

- a) Verification of the safety inspection is documented on the *Vehicle Inspection Report*.
- b) The Inspection sticker is issued by State Highway Patrol and is displayed on both sides of the bus.
- c) No bus is used until it passes State Highway Patrol inspection.

1.2 Each program’s Transportation Department or Contractor schedules the inspection with the State Highway Patrol twice per year.

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Policy ID 1411 (TRP) New Vehicles Inspection

Related Regulations:	<i>1310.14</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/06/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Transportation Supervisor / Program Manager		
Timeline:	Time of bus delivery; ongoing		
Evaluation:	Bus bill of sale; Bus identification number		
Forms:			
Former Policies:			

Performance Objective: Buses used to transport Head Start/Early Head Start children are inspected at the time of delivery to insure that they meet Federal, State, local and Head Start requirements.

1.0 New Vehicles Inspection

- 1.1 Bid announcements for buses used for transporting Head Start/Early Head Start children include the correct specifications and a clear statement of the vehicle’s intended use.
- 1.2 At the time of delivery, Transportation Supervisor and Procurement Coordinator inspect the bus to ensure it meets all necessary requirements.
 - a) Transportation Supervisor ensure that buses are equipped in accordance with the bid specifications and that the manufacturer’s certification of compliance with the applicable Federal Motor Vehicle Safety Standards (FMVSS) is included with the vehicle.
- 1.3 The bus is then inspected by the State Highway Patrol for approval to drive. (See [Policy ID 1410 \(TRP\) Scheduled Bus Inspection \(State Highway Patrol\)](#).)
- 1.4 Upon approval the State Highway Patrol assigns the bus an identification number and sends the information to the Procurement Coordinator.
- 1.5 The Procurement Coordinator arranges for bus insurance and files the information.
- 1.6 Buses must be approved by the State Highway Patrol before they are used for program transportation.

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Policy ID 1412 (TRP) Maintenance and Repair of Vehicles

Related Regulations:	<i>1310.13 a-c</i>		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	School Bus Repair Report		
Forms:			
Former Policies:	TR01 Transportation Service and Procedures		

Performance Objective: Programs and Contractors maintain and repair vehicles used to transport Head Start/Early Head Start children in accordance with Federal, State, local and Head Start regulations.

1.0 Maintenance and Repair of Vehicles

- 1.1 Each Grantee bus is inspected, maintained, and repaired following specific procedures to ensure safe transportation.
- 1.2 The Bus Driver performs a Daily Pre-Trip Inspection of the bus (see [Policy ID 1401 \(TR\) Daily Pre-Trip Inspection of Program Buses](#)).
- 1.3 Designated Transportation staff document routine and/or regular bus maintenance and services records, and maintain records for inspection.

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Policy ID 1413 (TRP) Operation of Vehicles

Related Regulations:	1310.15		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Daily Pre-Trip Inspection Checklist		
Forms:			
Former Policies:	Bus driver and bus monitor job descriptions		

Performance Objective: Each program ensures that vehicles are safely operated.

1.0 Bus Drivers

1.1 Bus Drivers are responsible for the safe operation of their bus.

1.2 Bus drivers know and follow all traffic law and safety practices including:

- a) Safely pulling to the side of the road
- b) Entering and re-entering traffic
- c) Bus emergency evacuation
- d) Railroad track crossing
- e) Seat belt and child restraints
- f) Bus hijack

2.0 Bus Monitors

2.1 The Bus Monitor seats any child in a child restraint system appropriate to the height and weight of the child while the vehicle is in motion.

2.2 The bus monitor:

- a) properly stores baggage and other items transported in the passenger compartment
- b) keeps the aisles clear and
- c) ensures the doors and emergency exits remain unobstructed at all times.

1.4 There is a Bus Monitor on board whenever children are on the bus, with additional Bus Monitors or as necessary, such as when needed to accommodate the needs of children with disabilities.

a) The Program Manager and/ or Transportation Supervisor assigns substitute Bus Monitor/Aide when a Bus Monitor is absent.

b) Except for Bus Monitors/Aides who are assisting children, all vehicle occupants must be seated and wearing height- and weight- appropriate safety restraints while the vehicles is in motion.

i) Lap belts only are not acceptable as appropriate child restraints.

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Policy ID 1417 (TRP) Bus Emergency Evacuation

Related Regulations:	1310.21 b 5; 1303.74		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
		Approval Date:	<MM/DD/YYYY>
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Appropriate transportation forms		
Forms:			
Former Policies:	Head Start Employee Work Rules Handbook		

Performance Objective: The Bus Driver and Bus Monitor/Aides will evacuate everyone on the bus in case of emergency, provided it is safe to do so.

1.0 Guidance

1.1 Bus Drivers and Bus Monitors/Aides implements the following procedures in the event of an emergency occurring while transporting program children and/or staff.

1.2 Examples of emergencies in which this policy applies include:

- a) Traffic accident (see also [Policy ID 1405 \(TRP\) Bus Accidents](#) for procedures)
- b) Driver unable to perform duties due to illness, injury, or disability, etc.
- c) Bus failure
- d) Severe weather conditions
- e) Local tornado warning and/or sightings and/or touchdown.

2.0 Bus Emergency Evacuation

2.1 In the event of an emergency while transporting program children and/or staff, Bus Drivers and Bus Monitors are to:

- a) Call emergency help immediately; Emergency phone numbers are in the emergency and First Aid kits
- b) Remain calm and in command
- c) Be prepared to make decisions quickly and calmly
- d) Determine if it is necessary to evacuate children
- e) Treat injured children appropriately
- f) Assess the capabilities of the students. For example, are they mobile? How much do they comprehend? Review their capabilities often
- g) Leave seriously injured children unmoved unless it is absolutely necessary to move them

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2.2 If it is necessary to evacuate, and if it is safe and feasible to do so, Bus Drivers are to:

- a) Make sure the bus is away from traffic and other hazards
- b) Turn off engine and interior lights
- c) Put bus in gear
- d) Set emergency brake
- e) Put front door on emergency release
- f) Turn on hazard lights
- g) Put emergency kit within reach
- h) Put "Emergency Help Needed" signs in bus windows (signs are in the emergency kit)
- i) Determine which exit is best to use.
 - i) If both exits are operable, the Bus Driver considers which is safest in view of bus position, hazards, other traffic, and capabilities of students on bus
- j) Remove blanket and rope from emergency kit
- k) Work with Bus Monitors/ Aides to evacuate the children by:
 - i) Facing the children
 - ii) Using simple commands and saying calmly:
 - "We will get off the bus."
 - "I will tell you when it is your turn."
 - "Take off your seat belt and remain in your seat."Repeat these simple commands often.

2.3 If it is not possible for the Bus Driver or Bus Monitor/Aide to take children to the assembly area, they await emergency personnel.

3.0 Evacuation Procedures for Child Restraints

- 3.1 If the child is mobile, the Bus Driver and/or Bus Monitor/Aide remove the child from the child restraint and evacuates him or her with ambulatory children.
- 3.2 Non-ambulatory children are to remain in their special apparatus.
- 3.3 To save time, the Bus Driver and Bus Monitor cut child restraints (seat belt cutters are located in the emergency kit) if necessary.
- 3.4 The Bus Monitor/Aide leads or carries the child to a safe place (assembly area).
- 3.5 These steps are repeated for each child on the bus, beginning with children seated nearest to the emergency exit.

4.0 Wheelchair Evacuation

- 4.1 If possible, children should remain in their wheelchairs.

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- 4.2 If necessary, the Bus Driver or Bus Monitor may cut restraints with a knife.
- 4.3 The Bus Driver and/or Bus Monitor/Aide roll the occupied wheelchairs to the best exit.
- 4.4 The Bus Driver and Bus Monitor keeps children in wheelchairs if safe and feasible to do so and takes them to the safe area.
- 4.5 If children must be removed from their wheelchairs, the Bus Driver and/or Bus Monitor/Aide use caution to protect children's bodies.

6.0 Notification

- 6.1 As soon as possible after emergency evacuation, Bus Drivers notify designated Transportation Supervisor and Head Start Program Manager.
- 6.2 Program Manager or designee notify parents of the emergency evacuation.

7.0 Authority

- 7.1 In the event that a Bus Driver is incapacitated in an emergency situation, the Bus Monitor/Aide assumes the Bus Driver responsibilities.
- 7.2 In the event that both Bus Driver and Bus Monitor are incapacitated in an emergency situation, and if Teachers are not available, emergency personnel take over.

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Policy ID 1418 (TRP) Emergency Evacuation Drill

Related Regulations:	1310.21 a, b, d; 1303.74 b		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	3 times a year minimum		
Evaluation:	Appropriate transportation forms		
Forms:			
Former Policies:	Head Start Employee Work Rules Handbook		

Performance Objective: Children receiving transportation services are taught emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.

1.0 Emergency Evacuation Drill

- 1.1 Bus Drivers and Bus Monitors perform and document at least three bus emergency evacuation drills each program year.
- 1.2 <JobTitle: Transportation staff> and <JobTitle: Site Managers> schedule the times for bus emergency evacuation drills.
- 1.3 <JobTitle: Transportation staff> record each emergency evacuation drill on the <Form: *Emergency Evacuation Form*>, using a separate Form for each drill.
 - a) The length of time it takes to safely evacuate the bus during the drill is recorded on the Form in terms of seconds.
- 1.4 At least one evacuation drill is completed as soon as possible at the beginning of the program year.
- 1.5 Two additional drills are scheduled later in the program year.
- 1.6 <JobTitle: Transportation staff>/Contractor keep and file copies of the <Form: *Emergency Evacuation Form*>; one copy is kept on site and another with the Contractor.

2.0 Emergency Evacuation Drill: Front and Rear Door

- 2.1 To begin the emergency evacuation drill, the Bus Driver:
 - a) Parks the bus
 - b) Turns off the engine
 - c) Sets the parking brake, and
 - d) Gets the Bus Monitor's and children's attention.
- 2.2 The Bus Driver then explains to the children in a developmentally appropriate way that it is an emergency evacuation drill, which is practice to be prepared and that speed is not as important as safety.
- 2.3 The Bus Driver then:

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- a) Asks children to keep quiet and orderly
- b) Asks children to listen and follow instructions
- c) Asks children to leave all books, bags, and other belongings on the bus during the drill
- d) Tells children to exit the bus in an orderly fashion.

2.4 The Bus Monitor:

- a) Carries the First Aid kit off the bus
- b) Carries fire extinguisher, fuses, and reflectors off the bus
- c) Stands outside the bus and assists children off
- d) Guides all children to a safe spot, at least 100 feet from the bus.

2.5 The Bus Driver dismisses children from the front half of the bus out the front door and the back half of the bus out of the back door.

2.6 The Bus Driver checks the bus to make sure all children have departed; then exits to the designated place of safety.

2.7 When the drill is completed, the Bus Driver asks the Bus Monitor/Aide to return to the bus to gather the children's belongings.

2.8 The Bus Driver and/or Bus Monitor/Aide take a moment to make a positive statement about the drill.

2.9 In the case the Bus Driver cannot take charge, the Bus Monitor will be in charge.

2.10 The Bus Driver does not leave the bus while children are evacuating.

2.11 See also [Policy ID 1424 \(TRP\) Disabilities Transportation](#).

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Policy ID 1420 (TRP) Seat Belts and Child Restraints

Related Regulations:	1310.11; 1310.10 d 4; 1303.71 a		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	See below		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	No written reports violating this policy		
Forms:			
Former Policies:	TR07 Van Safety Procedures		

Performance Objective: All staff members and passengers driving or riding in program-owned vehicles or doing program business such as home visits, meetings, field trips, etc. must wear seat belts or appropriate child restraints.

1.0 Seat Belts

1.1 All staff members and passengers of program vehicles, in the furtherance of program business, are required to wear seat belts or child restraints.

a) Each program complies with current State seat belt law, which requires that drivers and front-seat passengers of passenger cars, vans, pick-up trucks, taxicabs, commercial trucks, tractor-trailers, and buses with safety belts installed for the driver, wear a safety belt when these vehicles are driven on public roadways.

1.2 The program does not pay for nor can it be held financially responsible for persons found in violation of the seat belt law during or after program hours.

a) Employees transporting someone violating the seat belt law are held responsible for the cost incurred by passengers.

2.0 Child Restraint Systems

2.1 Head Start Parent and Community Partnership Coordinator ensure that each vehicle (other than school busses) used to transport children receiving such services is equipped for use of height- and weight- appropriate child safety restraint systems.

2.2 Head Start Parent and Community Partnership Coordinator ensures that each vehicle used in providing such services is equipped with a seat belt cutter for use in an emergency evacuation and sign indicating its location.

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Policy ID 1421 (TRP) Safety Rules of Transportation Operation

Related Regulations:	(1303.74)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	07/03/2017
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	No documented moving violations		
Forms:			
Former Policies:	Bus Driver and Bus Monitor Job Descriptions		

Performance Objective: All Bus Drivers and Bus Monitors ensure the safety of children to the maximum extent possible.

1.0 Safety Rules of Transportation Operation

1.1 Regarding passenger pick-up, Bus Drivers:

- a) Always pick-up and unload passengers in a manner that children do not cross the street or road when possible (see also [Policy ID 1403 \(TRP\) Designated Bus Stops](#)).
- b) Do not back out from any driveway or alley (except for emergency situations that require such action). Always back into the driveway and pull out.
- c) Use proper signals and warning lights.

1.2 While the bus is in motion:

- a) No movement or walking in aisle is permitted.
- b) No children may have any part of their bodies outside of windows or doors.
- c) No litter is to be thrown out of windows.
- d) No smoking on vehicles with or without children aboard.
- e) All passengers must be kept orderly.
- f) No eating or drinking for children/passengers while vehicle is in motion (except for medical emergencies, such as hypoglycemia or dehydration).

1.3 Bus Drivers obey all traffic laws at all times, including;

- a) Using turn signals before each lane change or turn
- b) Slowing down for rough roads, and avoiding potholes, and curbs
- c) No rapid acceleration or racing the engine
- d) Adapting appropriately to weather conditions
- e) Keeping fire extinguisher, First Aid kit, and safety apparatus readily available at all times.

1.4 Bus Drivers comply with California Pupil Transportation Safety Procedures.

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Policy ID 1422 (TRP) Children on Buses are Supervised

Related Regulations:	1304.52 I 1 iii ; (1302.90 c 1 v)		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	No verbal or written incident reports		
Forms:			
Former Policies:	Bud Driver and Bus Monitor Job Descriptions		

Performance Objective: Bus Drivers and Bus Monitors/Aides supervise children on the bus in compliance with State bus operating rules and Head Start Performance Standards.

1.0 Children on Buses are Supervised

- 1.1 The Bus Driver and the Bus Monitor/Aide are responsible for supervising children on the bus.
- 1.2 The Bus Driver and the Bus Monitor/Aide do not leave a bus unsupervised with children on board except when loading or unloading children with special apparatus or in the event of an emergency.
- 1.3 The Bus Driver does not leave the bus until the brakes are set, the engine is stopped and the ignition key is removed, with the exception of buses equipped with wheelchair lifts or diesel engines that require the engine to be running to use the wheelchair lift.
- 1.4 See also [Policy ID 90002 \(HR/PP\) Standards of Conduct](#) regarding supervision of children.

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Policy ID 1423 (TRP) Safety Education

Related Regulations:	1310.21; 1303.74		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Safety training documentation		
Forms:			
Former Policies:	TR02 Daily Procedures for Parents		

Performance Objective: Safety training is provided for parent and children.

1.0 Safety Education

1.1 During parent orientation, each program provides training for parents and children in pedestrian safety.

- a) This training is developmentally appropriate and an integral part of program experiences.
- b) The training emphasizes the importance of and need for an adult to accompany a child while crossing the street.

1.2 Children receiving safety education training are taught:

- a) Safe riding practices
- b) Safety procedures for boarding and leaving the vehicle
- c) Safety procedures in crossing the street to and from the vehicle at stops
- d) Recognition of the danger zones around the vehicle and
- e) Emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.

1.3 Safety education training for parents:

- a) Emphasizes the importance of escorting their children to the vehicle stop
- b) Emphasizes the importance of reinforcing the training provided to children regarding vehicle safety and
- c) Complements the training provided to their children so that safety practices can be reinforced both in Head Start/Early Head Start and at home by the parent and in the community.

1.3 Each program ensures that a minimum of three bus evacuation drills are conducted during the program year

1.5 Each program develops activities to remind children of the safety procedures.

- a) These activities are developmentally appropriate, individualized, and are an integral part of the Head Start or Early Head Start program activities.
- b) Examples include safety songs, fingerplays, poems, safety art, and coloring and cooking activities that reinforce safety.

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Policy ID 1424 (TRP) Disabilities Transportation

Related Regulations:	1308.4; 1310.22; 1303.75		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
???	New Procedure		
Responsibility:	Program Manager		
Timeline:	As needed		
Evaluation:	Safe provision of transportation for enrolled children with disabilities		
Forms:			
Former Policies:	DS01 Disability Services		

Performance Objective: Transportation services are provided to children with disabilities when there are no transportation alternatives and if necessary for a child to receive Head Start/Early Head Start services.

1.0 Disabilities Transportation

- 1.1 Each program ensures that there are available school buses or vehicles designed for transportation of children with disabilities.
- 1.2 Whenever possible, children with disabilities are transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.
- 1.3 Each program ensures compliance with the Americans with Disabilities Act (42 U.S.C. 1201 et seq.), the HHS regulation at Part 84, implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and Head Start Program Performance Standards on Services for Children with Disabilities (part 1308) as they apply to transportation services.
 - a) Children are not permitted to travel without a parent-signed *Transportation Request Form* on file at the site.
- 1.4 Each program specifies any special transportation requirements for a child with a disability when preparing the child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), and ensures that in all cases special transportation requirements in a child's IEP or IFSP are followed, including:
 - a) Special pick-up and drop-off requirements
 - b) Special seating requirements
 - c) Special equipment needs
 - d) Any special assistance that may be required and
 - e) Any special training for Bus Drivers and Bus Monitors/Aides.

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Policy ID 1425 (TRP) Coordinated Transportation

Related Regulations:	1310.23; 1303.70 b 2		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Coordination of transportation services as needed; contracts		
Forms:			
Former Policies:	CP01 Community Partnerships		

Performance Objective: Each program makes efforts to coordinate transportation resources.

1.0 Coordinated Transportation

1.1 Each program makes reasonable efforts to coordinate transportation resources with other organizations in the community in order to control costs and to improve the quality and the availability of transportation services for Head Start/Early Head Start children.

1.2 At a minimum, each program:

- a) Identifies the true costs of providing transportation in order to knowledgeably compare the costs of providing transportation directly versus contracting for the services; and
- b) Explores the option of participating in any coordinated public or private transportation systems existing in the community.

1.3 The Program Manager shares, documents and files this analysis and conclusions.

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Policy ID 1426 (TRP) RR Bussing Priorities

Related Regulations:	local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Coordination of transportation services as needed; contracts		
Forms:			
Former Policies:	TR04 Bussing Priorities		

Performance Objective: The Redding Rancheria makes efforts to maximize transportation resources when creating bus routes.

- 1.1 The Redding Rancheria Transportation Program shall meet all applicable California codes pertaining to the operation of a school bus.
- 1.2 Children shall be on the bus no longer than 60 minutes, one way.
- 1.3 The Transportation Supervisor establishes the routes and makes final decision as to bus stops and times.
- 1.4 Outer area bus limits are established for North/South/East/West; the Redding Rancheria School bus does not transport beyond those points. Although subject to change, the bus routes are restricted to the area between these locations:
 - North – Lake Blvd / ShopKo area
 - South : Tower Market/ Pinon Road
 - East - Tarmac Rd/ Shasta View
 - West - Holiday Market on Buenaventura.
 - These locations may vary from year to year
- 1.5 Routes vary from year to year and are designed to pick up the most children in as safe a manner as possible. Routes and times are not a given and cannot be promised in advance from year to year.
- 1.6 Bussing is provided at community bus stops and not necessarily door to door. Parents are expected to be at bus stops at least 5 minutes prior to pick up.
- 1.7 Routes and times may vary during the current year to accommodate student mid-year moves, drops and adds - after consulting those parents on the current route.
- 1.8 When there are more requests than bus seats available, or if there are other conflicts, the following factors are guides in determining priority:
 - Parents with unreliable transportation have preference, whenever possible
 - Income eligible families have preference, whenever possible

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Policy ID 1427 (TRP) RR Van Procedures

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Coordination of transportation services as needed; contracts		
Forms:			
Former Policies:	TR06 Van Procedures		

Performance Objective: The Redding Rancheria makes efforts to maximize van transportation resources.

1.0 Because of time, distance and van capacities, not all van transportation requests can be honored. The following will serve as a guide to meet all requests.

1.1 The van is only available to currently enrolled Head Start, Child Care and Voucher Program Families.

1.2 The van is available for Head Start and Child Care families to help meet any family partnership goals. Goals should be addressed and set before the use of the van.

1.3 others upon request.

1.4 The van may be requested for transport to and from Head Start events, meetings, conferences, and field trips. However, families may be asked to ride the Redding Rancheria Head Start buses when space is available.

1.5 The van **may** be available before or after school hours. Such request of use of the van will be decided by the Program Manager.

1.6 All requests should be at least 48 hours in advance. Emergency same day request can be made but may not be granted.

1.7 The van **cannot** be used for “everyday” transportation. Children **cannot** be transported to and from school in the van. (California law.) Children can be transported to and from school in case of an emergency or if the child becomes ill while at school and the family has no means of transportation to come and get the child. All “emergencies” will be considered and approved by the Head Start staff.

1.8 There will be **NO food or drinks** in the van. If the van is transporting a family on a long road trip, Head Start staff will provide water and the van will make stops for food.

1.9The use of tobacco and the transport of drugs or alcohol are strictly prohibited.

1.10 All children under 8 years old or under 80 pounds must ride in a provided child safety seat.

1.11 All passengers must wear their seat belts while riding in the van.

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Policy ID 1428 (TRP) RR Van Safety Procedures

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Coordination of transportation services as needed; contracts		
Forms:			
Former Policies:	TR07 Van Procedures		

Performance Objective: The Redding Rancheria makes efforts to maximize van safety.

- 1.1 The Head Start and Child Care Van may only be used for approved program business, and shall be parked on the Redding Rancheria premises.
- 1.2 Only Redding Rancheria employees may drive the van, and only those who have been pre-approved. All drivers must maintain valid California drivers' license and a clean driving record. Any traffic or vehicle violation must be reported immediately, regardless if violation occurred during non-work hours.
- 1.3 The driver is expected to know and follow the procedures as outlined in the Government Services Agency (GSA) notebook provided with the vehicle, including emergency roadside assistance, and in case of accident. The GSA binder shall be kept in the vehicle at all times.
- 1.4 Fueling shall occur following GSA guidelines. If possible, drivers shall fill up at the Win River Minimart; likewise car washes from the Win River minimart. Please refuel if the tank is below the 50% level.
- 1.5 The driver shall practice defensive driving at all times. Tribal vehicles are to be inspected regularly for safe operating condition. Report any malfunctions of equipment immediately. Be especially alert to preventive maintenance on vehicles and other equipment. The vehicle lights must be on at all times when being driven.
- 1.6 The driver is required to complete a Transport Request, and the center log of their destination and estimated return time prior to departure. Also, if departure or return time change, please correct the request and the log.
- 1.7 The driver must carry a working cell phone, and list the number on the center log. If the driver prefers to not use their personal phone, a phone will be provided.
- 1.8 The driver must ensure a current list of department and emergency numbers is stored in the van.
- 1.9 The driver must ensure a current copy of each child's Emergency Contact form is in the van prior to departure.
- 1.10A vehicle pre-check must be made prior to starting the van each day. Forms in the GSA binder.
- 1.11 Seat belts must be worn at all times by all passengers
- 1.12 Children must be strapped into a California approved child care seats at all times
- 1.13 Loud noises (crying children, loud stereo) and other distractions must not interfere with the driver's concentration. If needed, pull over.
- 1.14 Call the center or if needed call 911 for assistance.

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- 1.15 Cell phones are prohibited from use while driving
- 1.16 No alcohol or tobacco may be consumed or transported at any time in the van
- 1.17 Drivers should not take any substance, including over the counter medications, that may impair their ability to drive. Trip should be rescheduled or another approved staff should drive.
- 1.18 Staff should not drive or park in an area where you feel unsafe; proceed to a safe area.
- 1.19 Severe weather or unsafe road conditions dictates that trips be postponed. Staff are expected to make prudent decisions regarding unsafe road conditions; your life and your passengers' lives are at stake.
- 1.20 Drivers are expected to obey all traffic laws and speed limits
- 1.21 Use of the van outside of regular business hours (8:00 AM-5:00 PM) must be approved in advance by the Program Director. As a rule, road trips prior to 6:00 AM or after 8:00 PM are prohibited.
- 1.22 "No job is so urgent and no schedule so rigid that we cannot take time to do our work safely."

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Policy ID 1429 (TRP) RR Head Start Transportation Contract

Related Regulations:	Local policy		
Revised by:	Diane Coe, Program Manager	Revision Date:	4-13-17
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:	Ongoing		
Evaluation:	Coordination of transportation services as needed; contracts		
Forms:			
Former Policies:	TP8-0210 Head Start Transportation Contract		

SECTION 1: PURPOSE

The purpose of this policy is to authorize the contracting of School Bus Services for the Redding Rancheria Head Start Program.

SECTION 2: BACKGROUND AND INTENT

The intent of this policy is to briefly outline the arrangement between the tribe's program services: Redding Rancheria Head Start and Redding Rancheria's Win River Casino.

SECTION 3: DELEGATED AUTHORITY

The Tribal Council delegates authority for the specifics of the Operating Procedure to:

- (d) Redding Rancheria CEO
- (e) Win River CEO
- (f) Redding Rancheria Head Start Program Manager

SECTION 4: AUTHORIZED PROGRAMS AND SERVICES

This policy approves the following:

- (e) Head Start shall contract with Win River to School Bus Transportation Services
- (f) All associated costs for this service shall be billed to Head Start
- (g) Head Start shall promptly reimburse Win River for all incurred costs
- (h) This agreement may be cancelled with by either party with 60 days notice

SECTION 5: REVIEW

The CEO shall review this policy each year and shall such make recommendations, if any, for its amendment as appropriate for the effective administration hereof.

**Part 1304 Subpart A — Federal Administrative
Procedures: Monitoring, Suspension,
Termination, Denial of Refunding, Reduction
in Funding and Their Appeals (FAP1)**

Redding Rancheria Head Start and Child Care
Procedures Manual

Policy ID 13042 (FAP1) Monitoring

Related Regulations:	1304.2		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee complies with the federal administrative procedures, including federal monitoring review and required subsequent actions.

1.0 Monitoring: Areas of Noncompliance

1.1 If a responsible HHS official determines through monitoring, pursuant to section 641(A)(c)(1) and (2) of the Head Start Act, that the grantee fails to comply with any of the standards described in 45 CFR parts 1301, 1302, and 1303, the official will notify the grantee promptly in writing, identify the area of noncompliance, and specify when the grantee must correct the area of noncompliance.

2.0 Monitoring: Deficiencies

2.1 If the Secretary of HHS determines that the grantee meets one of the criteria for a deficiency (i.e., an unresolved area of noncompliance)⁴, the Secretary shall inform the grantee of the deficiency.

a) The grantee must correct the deficiency pursuant to section 641A(e)(1)(B) of the Act, as the responsible HHS official determines.

3.0 Monitoring: Quality Improvement Plans

3.1 If the responsible HHS official does not require the grantee to correct a deficiency immediately⁵ as prescribed under section 641A(e)(1)(B)(i) of the Act, the grantee must submit to the official, for approval, a quality improvement plan that adheres to section 641A(e)(2)(A) of the Act:

Act 641A e 2	QUALITY IMPROVEMENT PLAN.--
Act 641A e 2 A i	... and that shall specify--
Act 641A e 2 A i I	the deficiencies to be corrected;
Act 641A e 2 A i II	the actions to be taken to correct such deficiencies; and
Act 641Ae 2 A i III	the timetable for accomplishment of the corrective actions specified; and
Act 641A e 2 A ii	correct each deficiency identified, not later than the date for correction of such deficiency specified in such plan (which shall not be later than 1 year after the date the agency or Head Start program that is determined to have a deficiency received notice of the determination and of the specific deficiency to be corrected).

⁴ as defined in section 637(2)(C) of the Head Start Act

⁵ as prescribed under section 641A(e)(1)(B)(i) of the Head Start Act, which states... the Secretary shall require the agency... “to correct the deficiency immediately, if the Secretary finds that the deficiency threatens the health or safety of staff or program participants or poses a threat to the integrity of Federal funds;”

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Policy ID 13043 (FAP1) Suspension with Notice

Related Regulations:	1304.3, 1304.3 f		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The responsible HHS official may suspend the grantee’s financial assistance.

1.0 HHS Grounds to Suspend Financial Assistance with Notice

1.1 If the grantee breaches or threatens to breach any requirement stated in §§1304.3 through 1304.5, the responsible HHS official may suspend the grantee’s financial assistance, in whole or in part, after it has given the grantee notice and an opportunity to show cause why assistance should not be suspended.

a) In such situation, the grantee abides by the provisions of 1304.3.

2.0 Obligations Incurred During Suspension

2.1 New obligations the grantee incurs while under suspension are not allowed unless the responsible HHS official expressly authorizes them in the suspension notice or in an amendment to the suspension notice.

2.2 Necessary and otherwise allowable costs which the grantee could not reasonably avoid during the suspension period will be allowed if they result from obligations the grantee properly incurred before suspension and not in anticipation of suspension or termination.

2.3 The responsible HHS official may allow third-party in-kind contributions applicable to the suspension period to satisfy cost sharing or matching requirements.

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Policy ID 13044 (FAP1) Emergency Suspension Without Advance Notice

Related Regulations:	1304.4		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The responsible HHS official may suspend the grantee’s financial assistance without advance notice.

1.0 Grounds to Suspend Financial Assistance Without Advance Notice

1.1 The responsible HHS official may suspend financial assistance, in whole or in part, without prior notice and an opportunity to show cause if there is an emergency situation, such as a serious risk for substantial injury to property or loss of project funds, a federal, state, or local criminal statute violation, or harm to staff or participants’ health and safety.

...

1.2 Within two workdays after the grantee receives the emergency suspension notification, the grantee must send a copy of the notice to delegate agencies affected by the suspension.

a) The responsible HHS official must inform affected delegate agencies that they have the right to participate in the informal meeting.

2.0 Upon Suspension

2.1 Upon suspension of financial assistance without advance notice, the grantee receives emergency suspension notification from the responsible HHS official (see 1304.4 b).

3.0 Opportunity to Show Cause

3.1 If the grantee requests an informal meeting, the responsible HHS official must schedule a meeting within five workdays after it receives the grantee’s request.

3.2 The responsible HHS official then makes a decision (see 1304.4 d).

a) The responsible HHS official may modify or rescind suspension (see 1304.4 f).

4.0 Obligations Incurred During Suspension

4.1 Any new obligations the grantee incurs during the suspension period will not be allowed unless the responsible HHS official expressly authorizes them in the suspension notice or in an amendment to the suspension notice.

a) Necessary and otherwise allowable costs which the grantee could not reasonably avoid during the suspension period will be allowed if those costs result from obligations properly incurred before suspension and not in anticipation of suspension, denial of refunding or termination.

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4.2 The responsible HHS official may allow third-party in-kind contributions applicable to the suspension period to satisfy cost sharing or matching requirements.

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Policy ID 13045 (FAP1) Termination and Denial of Refunding

Related Regulations:	1304.5		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee’s programs, systems, and personnel work to avoid termination of financial assistance and/or denial of refunding.

1.0 Grounds to Terminate Financial Assistance or Deny the Grantee’s Application for Refunding

1.1 A responsible HHS official may terminate financial assistance in whole or in part to the grantee or deny the grantee’s application for refunding for any one or for all of the following reasons:

- a) The grantee is no longer financially viable;
- b) The grantee has lost the requisite legal status or permits;
- c) The grantee has failed to timely correct one or more deficiencies as defined in the Head Start Act;
- d) The grantee has failed to comply with eligibility requirements;
- e) The grantee has failed to comply with the Head Start grants administration or fiscal requirements set forth in 45 CFR part 1303;
- f) The grantee has failed to comply with requirements in the Head Start Act;
- g) The grantee is debarred from receiving federal grants or contracts; or
- h) The grantee has failed to abide by any other terms and conditions of its award of financial assistance, or any other applicable laws, regulations, or other applicable federal or state requirements or policies.

2.0 Upon Termination or Denial

2.1 The grantee receives notification from the responsible HHS official in accordance with 1304.5 b.

3.0 Grantee Appeal

3.1 The grantee has the right to appeal and must adhere to procedures and requirements for appeals in 45 CFR part 16, file the appeal with the Departmental Appeals Board, and serve a copy of the appeal on the responsible HHS official who issued the termination or denial of refunding notice, and must also serve a copy of its appeal on any affected delegate.

- a) Unless funding has been suspended, funding will continue while the grantee appeals a termination decision, unless the responsible HHS official renders an adverse decision, or unless the current budget period is expired.

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i) If the responsible HHS official has not rendered a decision by the end of the current budget period, the official will award the grantee interim funding until a decision is made or the project period ends.

4.0 Funding During Suspension

4.1 If a grantee's funding is suspended, the grantee will not receive funding during the termination proceedings, or at any other time, unless the action is rescinded or the grantee's appeal is successful.

5.0 Opportunity to Show Cause

5.1 If the Departmental Appeals Board sets a hearing for a proposed termination or denial of refunding action, the grantee has five workdays to send a copy of the notice it receives from the Departmental Appeals Board, to all delegate agencies that would be financially affected by termination and to each delegate agency identified in the notice.

a) The grantee must send to the Departmental Appeals Board and to the responsible HHS official a list of the delegate agencies it notified and the dates when it notified them.

b) If the responsible HHS official initiated proceedings because of a delegate agency's activities, the official must inform the delegate agency that it may participate in the hearing.

i) If the delegate agency chooses to participate in the hearing, it must notify the responsible HHS official in writing within 30 days of the grantee's appeal.

ii) If any other delegate agency, person, agency or organization wishes to participate in the hearing, it may request permission to do so from the Departmental Appeals Board.

c) If the grantee fails to appear at the hearing, without good cause, the grantee will be deemed to have waived its right to a hearing and consented to have the Departmental Appeals Board make a decision based on the parties' written information and argument.

d) The grantee may waive the hearing and submit written information and argument for the record, within a reasonable period of time to be fixed by the Departmental Appeals Board.

e) The responsible HHS official may attempt, either personally or through a representative, to resolve the issues in dispute by informal means prior to the hearing.

6.0 Decision

6.1 The Departmental Appeals Board's decision and any measure the responsible HHS official takes after the decision is fully binding upon the grantee and its delegate agencies, whether or not they actually participated in the hearing.

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Policy ID 13046 (FAP1) Appeal by Prospective Delegate Agencies

Related Regulations:	1304.6		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: A prospective delegate may appeal the grantee’s decision or inaction.

1.0 Appeal by Prospective Delegate Agencies

1.1 If the grantee denies, or fails to act on, a prospective delegate agency’s funding application, the prospective delegate may appeal the grantee’s decision or inaction.

1.2 To appeal, the prospective delegate must:

- a) Submit the appeal, including a copy of the funding application, to the responsible HHS official within 30 days after it receives the grantee’s decision; or within 30 days after the grantee has had 120 days to review but has not notified the applicant of a decision; and,
- b) Provide the grantee with a copy of the appeal at the same time the appeal is filed with the responsible HHS official.

2.0 Process for Grantee

2.1 When an appeal is filed with the responsible HHS official, the grantee must respond to the appeal and submit a copy of its response to the responsible HHS official and to the prospective delegate agency within 30 work days.

3.0 Decision

- 3.1 The responsible HHS official will sustain the grantee’s decision, if the official determines the grantee did not act arbitrarily, capriciously, or otherwise contrary to law, regulation, or other applicable requirements.
- 3.2 The responsible HHS official will render a written decision to each party within a reasonable timeframe.
- 3.3 The official’s decision is final and not subject to further appeal.
- 3.4 If the responsible HHS official finds the grantee did act arbitrarily, capriciously, or otherwise contrary to law, regulation, or other applicable requirements, the grantee will be directed to reevaluate their applications.

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Policy ID 13047 (FAP1) Legal Fees

Related Regulations:	1304.7		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			

Performance Objective: The agency does not charge to its grant certain legal fees/costs.

1.0 Legal Fees

1.1 The agency is not authorized to charge to its grant legal fees or other costs incurred to appeal terminations, reductions of funding, or denials of applications of refunding decisions.

1.2 If the program prevails in a termination, reduction, or denial of refunding decision, the responsible HHS official may reimburse the agency for reasonable and customary legal fees, incurred during the appeal, if:

- a) The Departmental Appeals Board overturns the responsible HHS official's decision;
- b) The agency can prove it incurred fees during the appeal; and,
- c) The agency can prove the fees incurred are reasonable and customary.

~

Part 1304 Subpart B — Designation Renewal
(DR)

Redding Rancheria Head Start and Child Care
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Policy ID 130411 (DR) Basis for Determination

Related Regulations:	1304.11		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The Head Start/Early Head Start agency complies with regulations so as not to be subject to an open competition (among other reasons).

1.0 Basis for Determining Whether a Head Start Agency Will Be Subject to an Open Competition

1.1 The Head Start/Early Head Start agency shall be required to compete for its next five years of funding whenever the responsible HHS official determines that one or more of the following seven conditions existed during the relevant time period covered by the responsible HHS official's review under §1304.15:

a) The agency has been determined by the responsible HHS official to have one or more deficiencies on a single review conducted under section 641A(c)(1)(A), (C), or (D) of the Head Start Act in the relevant time period covered by the responsible HHS official's review under §1304.15.

b) The agency has been determined by the responsible HHS official based on a review conducted under section 641A(c)(1)(A), (C), or (D) of the Head Start Act during the relevant time period covered by the responsible HHS official's review under §1304.15 not to have:

i) After December 9, 2011, established program goals for improving the school readiness of children participating in its program in accordance with the requirements of section 641A(g)(2) of the Act and demonstrated that such goals:

A) Appropriately reflect the ages of children, birth to five, participating in the program;

B) Align with the Birth to Five Head Start Child Outcomes Framework, state early learning guidelines, and the requirements and expectations of the schools, to the extent that they apply to the ages of children, birth to five, participating in the program and at a minimum address the domains of language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development;

C) Were established in consultation with the parents of children participating in the program.

ii) After December 9, 2011, taken steps to achieve the school readiness goals demonstrated by:

A) Aggregating and analyzing aggregate child-level assessment data at least three times per year (except for programs operating less than 90 days, which will be required to do so at least twice within their operating program period) and using that data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions; and,

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B) Analyzing individual ongoing, child-level assessment data for all children birth to age five participating in the program and using that data in combination with input from parents and families to determine each child's status and progress with regard to, at a minimum, language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development and to individualize the experiences, instructional strategies, and services to best support each child.

c) The agency has been determined during the relevant time period covered by the responsible HHS official's review under §1304.15:

i) After December 9, 2011, to have an average score across all classrooms observed below the following minimum thresholds on any of the three CLASS: Pre-K domains from the most recent CLASS: Pre-K observation:

A) For the Emotional Support domain the minimum threshold is 4;

B) For the Classroom Organization domain, the minimum threshold is 3;

C) For the Instructional Support domain, the minimum threshold is 2;

ii) After December 9, 2011, to have an average score across all classrooms observed that is in the lowest 10% on any of the three CLASS: Pre-K domains from the most recent CLASS: Pre-K observation among those currently being reviewed unless the average score across all classrooms observed for that CLASS: Pre-K domain is equal to or above the standard of excellence that demonstrates that the classroom interactions are above an exceptional level of quality. For all three domains, the "standard of excellence" is a 6.

d) The agency has had a revocation of its license to operate a Head Start or Early Head Start center or program by a state or local licensing agency during the relevant time period covered by the responsible HHS official's review under §1304.15, and the revocation has not been overturned or withdrawn before a competition for funding for the next five-year period is announced.

i) A pending challenge to the license revocation or restoration of the license after correction of the violation shall not affect application of this requirement after the competition for funding for the next five-year period has been announced.

e) The agency has been suspended from the Head Start or Early Head Start program by ACF during the relevant time period covered by the responsible HHS official's review under §1304.16 and the suspension has not been overturned or withdrawn.

i) If there is a pending appeal and the agency did not have an opportunity to show cause as to why the suspension should not have been imposed or why the suspension should have been lifted if it had already been imposed under this part, the agency will not be required to compete based on this condition.

ii) If the agency has received an opportunity to show cause, the condition will be implemented regardless of appeal status.

f) The agency has been debarred from receiving federal or state funds from any federal or state department or agency or has been disqualified from the Child and Adult Care Food Program (CACFP) any time during the relevant time period covered by the responsible HHS official's review under §1304.15 but has not yet been terminated or denied refunding by ACF. (The debarred agency will only be eligible to compete for Head Start funding if it receives a waiver described in 2 CFR 180.135.)

g) The agency has been determined within the twelve months preceding the responsible HHS official's review under §1304.15 to be at risk of failing to continue functioning as a going concern.

i) The final determination is made by the responsible HHS official based on a review of the findings and opinions of an audit conducted in accordance with section 647 of the Head Start Act; an audit, review or

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investigation by a state agency; a review by the National External Audit Review (NEAR) Center; or an audit, investigation or inspection by the Department of Health and Human Services Office of Inspector General.

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Policy ID 130412 (DR) Grantee Reporting Requirements Concerning Certain Conditions

Related Regulations:	1304.12		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The agency notifies HHS in writing of certain conditions.

1.0 Grantee Reporting Requirements Concerning Certain Conditions

...

1.1 The Head Start agency reports in writing to the responsible HHS official within 10 working days of occurrence any of the following events following December 9, 2011:

- a) The agency has had a revocation of a license to operate a center by a state or local licensing entity.
- b) The agency has filed for bankruptcy or agreed to a reorganization plan as part of a bankruptcy settlement.
- c) The agency has been debarred from receiving federal or state funds from any federal or state department or agency or has been disqualified from the Child and Adult Care Food Program (CACFP).
- d) The agency has received an audit, audit review, investigation or inspection report from the agency's auditor, a state agency, or the cognizant federal audit agency containing a determination that the agency is at risk for ceasing to be a going concern.

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Policy ID 130413 (DR) Requirements to be Considered for Designation

Related Regulations:	1304.13		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: In order to compete for the opportunity to be awarded a five-year grant, the agency submits an application.

1.0 Requirements to be considered for designation for a five-year period when the existing grantee in a community is not determined to be delivering a high-quality and comprehensive Head Start program and is not automatically renewed.

1.1 In order to compete for the opportunity to be awarded a five-year grant, the agency must submit an application to the responsible HHS official that demonstrates that it is the most qualified entity to deliver a high-quality and comprehensive Head Start or Early Head Start program.

- a) The application addresses the criteria for selection listed at section 641(d)(2) of the Act for Head Start.
- b) If the agency has had its Head Start or Early Head Start grant terminated for cause in the preceding five years it is excluded from competing in such competition for the next five years.
- c) If the agency has had a denial of refunding, as defined in 45 CFR part 1305, in the preceding five years it is also excluded from competing.

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Policy ID 130415 (DR) Designation Request, Review and Notification Process

Related Regulations:	1304.15		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The grantee must apply to be considered for Designation Renewal.

1.0 Designation Request, Review and Notification Process

1.1 The grantee must apply to be considered for Designation Renewal.

a) If the agency wishes to be considered to have designation as a Head Start or Early Head Start agency renewed for another five year period without competition, it requests that status from ACF at least 12 months before the end of the five year grant period or by such time as required by the Secretary of HHS.

b) ACF will review the relevant data to determine if one or more of the conditions under §1304.11 were met by the Head Start and Early Head Start agency's program:

...

i) Following the transition period, ACF shall review the data on the Head Start/Early Head Start agency in the fourth year of the grant to determine if any of the conditions under §1304.11 existed in the agency's program during the period of that grant.

c) ACF will give notice to grantees on Designation Renewal System status, except as provided in §1304.14:

...

i) Following the transition period, ACF shall give written notice to the grantee at least 12 months before the expiration date of the Head Start/Early Head Start agency's then current grant by certified mail return receipt requested or other system that establishes the date of receipt of the notice by the addressee, stating:

A) The Head Start or Early Head Start agency will be required to compete for funding for an additional five-year period because ACF finds that one or more conditions under §1304.11 were met by the agency's program during the relevant time period described in 1304.15 b, identifying the conditions ACF found, and summarizing the basis for the finding; or,

B) That such agency has been determined on a preliminary basis to be eligible for renewed funding for five years without competition because ACF finds that none of the conditions under §1304.11 have been met during the relevant time period described in 1304.15 b.

1) If prior to the award of that grant, ACF determines that the grantee has met one of the conditions under §1304.11 during the relevant time period described in 1304.15 b, this determination will change and the grantee will receive notice under 1304.15 c 3 i that it will be required to compete for funding for an additional five-year period.

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Policy ID 130416 (DR) Use of CLASS: Pre-K instrument in the Designation Renewal System

Related Regulations:	1304.16		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The CLASS: Pre-K instrument is used to observe and rate classes.

1.0 Use of CLASS: Pre-K instrument in the Designation Renewal System

1.1 Except when all children are served in a single classroom, ACF will conduct observations of multiple classes operated by the grantee based on a random sample of all classes and rate the conduct of the classes observed using the CLASS: Pre-K instrument.

a) When the grantee serves children in its program in a single class, that class will be observed and rated using the CLASS: Pre-K instrument.

i) The domain scores for that class will be the domain scores for the grantee for that observation.

b) After the observations are completed, ACF will report to the grantee the scores of the classes observed during the CLASS: Pre-K observations in each of the domains covered by the CLASS: Pre-K instrument.

c) ACF will average CLASS: Pre-K instrument scores in each domain for the classes operated by the agency that ACF observed to determine the agency's score in each domain.

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Policy ID 130417 (DR) Tribal Government Consultation under the Designation Renewal System

Related Regulations:	1304.14		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: Tribal Governments shall be consulted.

1.0 Indian Head Start grantee is being considered for competition

1.1 In the case of an Indian Head Start or Early Head Start agency determined not to be delivering a high-quality and comprehensive Head Start or Early Head Start program, the responsible HHS official will engage in government-to-government consultation with the appropriate tribal government or governments for the purpose of establishing a plan to improve the quality of the Head Start program or Early Head Start program operated by the Indian Head Start/Early Head Start agency.

- a) The plan will be established and implemented within six months after the responsible HHS official's determination.
- b) Not more than six months after the implementation of that plan, the responsible HHS official will reevaluate the performance of the Indian Head Start or Early Head Start agency.
- c) If the Indian Head Start or Early Head Start agency is still not delivering a high-quality and comprehensive program, the responsible HHS official will conduct an open competition to select a grantee to provide services for the community currently being served by the Indian Head Start or Early Head Start agency.

1.2 A non-Indian Head Start or Early Head Start agency will not be eligible to receive a grant to carry out an Indian Head Start program unless there is no Indian Head Start or Early Head Start agency available for designation to carry out an Indian Head Start or Early Head Start program.

1.3 A non-Indian Head Start or Early Head Start agency may receive a grant to carry out an Indian Head Start program only until such time as an Indian Head Start or Indian Early Head Start agency in such community becomes available and is designated pursuant to this part.

Part 1304 Subpart C — Selection of Grantees Through Competition (SGC)

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Policy ID 130420 (SGC) Selection of Grantees Among Applicants

Related Regulations:	1304.20		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The responsible HHS official selects grantees among applicants.

1.0 Selection Among Applicants

- 1.1 In selecting an agency to be designated to provide Head Start, Early Head Start, Migrant or Seasonal Head Start or Tribal Head Start or Early Head Start services, the responsible HHS official will consider the applicable criteria at Section 641(d) of the Head Start Act and any other criteria outlined in the funding opportunity announcement.
- 1.2 In competitions to replace or potentially replace a grantee the responsible HHS official will also consider the extent to which the applicant supports continuity for participating children, the community and the continued employment of effective, well qualified personnel.
- 1.3 In competitions to replace or potentially replace a current grantee, the responsible HHS official will give priority to applicants that have demonstrated capacity in providing effective, comprehensive, and well-coordinated early childhood education and development services and programs to children and their families.

~

Part 1304 Subpart E — Fellows Program (FEL)

Redding Rancheria Head Start and Child Care
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Policy ID 130440 (FEL) Fellows Program

Related Regulations:	1304.40		
Revised by:	Diane Coe, Program Manager	Revision Date:	03/09/2017
Approved by:	Kaysha Davis, Program Manager	Approval Date:	<MM/DD/YYYY>
Approved by:	Policy Council		
Approved by:	Tribal Council		
Responsibility:	Program Manager		
Timeline:			
Evaluation:			
Forms:			
Former Policies:			

Performance Objective: The program encourages eligible staff to apply for the Fellows Program.

1.0 Fellows Program Selection

1.1 An applicant must be working on the date of application in the local Head Start program or otherwise working in the field of child development and family services.

a) The qualifications of the applicants for Head Start Fellowship positions will be competitively reviewed.

2.0 Fellows Program Placement

2.1 Head Start Fellows may be placed in the Head Start national and regional offices; local Head Start agencies and programs; institutions of higher education; public or private entities and organizations concerned with services to children and families; and other appropriate settings.

3.0 Fellows Program Restrictions

3.1 A Head Start Fellow who is not an employee of a local Head Start agency or program may only be placed in the national or regional offices within the Department of Health and Human Services that administer Head Start or local Head Start agencies.

a) Head Start Fellows shall not be placed in any agency whose primary purpose, or one of whose major purposes is to influence federal, state or local legislation.

4.0 Fellowship Duration

4.1 Head Start Fellowships will be for terms of one year, and may be renewed for a term of one additional year.

5.0 Status

5.1 For the purposes of compensation for injuries under chapter 81 of title 5, United States Code, Head Start Fellows shall be considered to be employees, or otherwise in the service or employment, of the federal government.

a) Head Start Fellows assigned to the national or regional offices within the Department of Health and Human Services shall be considered employees in the Executive Branch of the federal government for the purposes of chapter 11 of title 18, United States Code, and for the purposes of any administrative standards of conduct applicable to the employees of the agency to which they are assigned.

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